



## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

SOLICITATION NUMBER	CONTRACT TITLE
RFPS30034901700042	Alternatives to Abortion Program Services
CONTRACT NUMBER	CONTRACT PERIOD
CS170042001	February 1, 2017 through June 30, 2017
REQUISITION/REQUEST NUMBER	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID
NR 300300700001	46048968600/MB00092773
CONTRACTOR NAME AND ADDRESS	STATE AGENCY'S NAME AND ADDRESS
ALLIANCE FOR LIFE – MISSOURI INC 106 5TH AVE S PO BOX 65 GREENWOOD NI 64034-8627	Office of Administration Commissioner's Office State Capitol Building, Room 125 Jefferson City MO 65101

### ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The proposal submitted by Alliance for Life – Missouri, Inc. in response to Solicitation Opportunity OPP No. RFPS30034901700042 is accepted in its entirety. The maximum annual total prices available for fiscal year 2017 and prorated total prices for the above-referenced contract period are as follows:

Geographic Region	Maximum Annual Total Price	Prorated Total Price for the Period February 1, 2017 through June 30, 2017
2	\$68,800.00	\$28,666.67
3	\$270,000.00	\$112,500.00
4	\$10,000.00	\$4,166.67
5	\$91,332.00	\$38,055.00
6	\$454,504.40	\$189,376.83
7	\$228,000.00	\$95,000.00
8	\$20,000.00	\$8,333.33
9	\$24,000.00	\$10,000.00

BUYER	BUYER CONTACT INFORMATION
Julie Kleffner	Email: Julie.Kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER	DATE
	1-26-17
DIRECTOR OF PURCHASING	
Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 002

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 10/18/16

REQ NO.: NR 300 300700001

BUYER: Julie Kleffner

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 10/25/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail)	(Courier Service)
RETURN BAFO RESPONSE TO: PURCHASING PO BOX 809 JEFFERSON CITY MO 65102-0809	or PURCHASING 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

**SIGNATURE REQUIRED**

VENDOR NAME <u>Alliance for Life - Missouri, Inc.</u>	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) <u>92773</u>
MAILING ADDRESS <u>P.O. Box 65</u>	
CITY, STATE, ZIP CODE <u>Greenwood, MO 64034</u>	
CONTACT PERSON <u>Marsha Middleton</u>	EMAIL ADDRESS <u>marsha@allianceforlifemissouri.com</u>
PHONE NUMBER <u>816-806-4168</u>	FAX NUMBER <u>855-856-5240</u>
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE <u>Marsha J. Middleton</u>	DATE <u>10/19/2016</u>
PRINTED NAME <u>Marsha J. Middleton</u>	TITLE <u>CEO</u>



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 001

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 09/27/16

REQ NO.: NR 300 300700001

BUYER: Julie Kleffner

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: October 4, 2016 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail)

RETURN BAFO RESPONSE TO: PURCHASING  
PO BOX 809  
JEFFERSON CITY MO 65102-0809

(Courier Service)

PURCHASING  
301 WEST HIGH STREET, RM 630  
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)				
— Alliance for Life – Missouri, Inc.	— 92773				
MAILING ADDRESS					
— P.O. Box 65					
CITY, STATE, ZIP CODE					
— Greenwood, MO 64034					
CONTACT PERSON	EMAIL ADDRESS				
— Marsha J. Middleton	— marsha@allianceforlifemissouri.com				
PHONE NUMBER	FAX NUMBER				
— 816-806-4168	— 855-856-5240				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)					
— Corporation	— Individual	— State/Local Government	— Partnership	— Sole Proprietor	<input checked="" type="checkbox"/> IRS Tax-Exempt
AUTHORIZED SIGNATURE		DATE			
<i>Marsha J. Middleton</i>		— 10/19/2016			
PRINTED NAME		TITLE			
— Marsha J. Middleton		— CEO			

ALLIANCE FOR LIFE-MISSOURI, INC.

BEST AND FINAL OFFER REQUEST LIST

BAFO NO. 001 FOR RFP RFPS30034901700042

1. IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:

- 1.1 Paragraph 2.5.1 of the RFP states, "The contractor shall be fully operational by no later than fifteen (15) calendar days after state agency authorization to proceed with providing services. Fully operational shall include providing sufficient personnel to perform the services required, completion of all necessary functions, actions, set-up, etc., necessary for successful business operation, and full implementation of all required services pursuant to the requirements of this document".

Alliance for Life - Missouri, Inc.'s Exhibit G, Implementation Plan, began with the "Effective Date of Contract", with contract services beginning day 16 rather than day 15. Corrected

In order to be compliant, Alliance for Life - Missouri, Inc. must indicate compliance with being fully operational no later than fifteen (15) calendar days after state agency authorization to proceed with providing services.

- 1.2 The Pricing Page of the RFP instructed the vendor to complete the table on the Pricing Page for each region proposed. Alliance for Life - Missouri, Inc. indicated a maximum total annual price of "\$0" for Geographic Region 1. Also, Alliance for Life - Missouri, Inc. provided a price per client per month of "\$0" for Residential Care Services for geographic regions 1, 3, 4, 5, 7, 8 and 9. Revised.

With the BAFO response, Alliance for Life - Missouri, Inc. is requested to clarify if the "\$0" is a "no bid" or if the services are being provided at no cost. Clarified

- 1.3 Exhibit E of Alliance for Life - Missouri, Inc.'s proposal identified the following individuals as credential case managers:  
Linda Freeland Corrected - contract representative and credentialed case manager were inadvertently listed on the wrong forms.

Amy Ackman Corrected - contract representative and credentialed case manager were inadvertently listed on the wrong forms.

Allison Scharback Has a Bachelors in Psychology. Paragraph 2.10.1 a. 8) of the RFP states that a credentialed case manager needs to have a bachelor's degree in psychology, a bachelor's degree in counseling, OR a bachelor's degree in a clinical field from an accredited school if under the direct supervision of a licensed Advanced Macro Social Worker or a licensed Master Social Worker. The wording of this paragraph in the RFP has not changed from previous contracts and in those previous contracts case managers with bachelor's degrees in psychology and/or counseling have been considered "professional" case managers.

Exhibit F of Alliance of Life – Missouri, Inc.'s proposal identified the following individuals as credential case managers:

Brycsyn Hampton Corrected

Lacey Wallace Has a Bachelors in Psychology and Sociology. Paragraph 2.10.1 a. 8) of the RFP states that a credentialed case manager needs to have a bachelor's degree in psychology, a bachelor's degree in counseling, OR a bachelor's degree in a clinical field from an accredited school if under the direct supervision of a licensed Advanced Macro Social Worker or a licensed Master Social Worker. The wording of this paragraph in the RFP has not changed from previous contracts and in those previous contracts case managers with bachelor's degrees in psychology and/or counseling have been considered "professional" case managers.

Mary Seewald Corrected

Christine Todd Has a Bachelors in Counseling. Paragraph 2.10.1 a. 8) of the RFP states that a credentialed case manager needs to have a bachelor's degree in psychology, a bachelor's degree in counseling, OR a bachelor's degree in a clinical field from an accredited school if under the direct supervision of a licensed Advanced Macro Social Worker or a licensed Master Social Worker. The wording of this paragraph in the RFP has not changed from previous contracts and in those previous contracts case managers with bachelor's degrees in psychology and/or counseling have been considered "professional" case managers.

Erma Moenkhoff Corrected

Sherri Long Corrected

Carol Durk Corrected

Rebecca Haine Corrected

The above identified personnel may not meet the requirements of the credential case manager as identified in paragraph 2.10.1. a. of the RFP.

Paragraph 2.10.8 of the RFP states, "The award of a contract does not constitute agreement or represent any form of approval that the personnel identified in the contractor's awarded proposal comply with the Personnel Requirements stated herein. In the event the contractor's personnel are found not to be compliant with the Personnel Requirements, the contractor must replace any personnel with personnel that meet the Personnel Requirements".

With the BAFO response, Alliance for Life – Missouri, Inc. is requested to indicate understanding and agreement with paragraph 2.10.8 of the RFP.

The Alliance for Life – Missouri, Inc. understands and is in agreement with paragraph 2.10.8 of the RFP.

**EXHIBIT G – Revised 10/19/2016**

## IMPLEMENTATION PLAN

**Implementation or Readiness Plan** - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
  - **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
  - **Workhours** should indicate that time each assigned person will spend on the specific task.

**PRICING PAGE – Revised 10/19/2016**

AFLMO served over 7,100 clients from July 1, 2006 to March 29, 2016 with an average annual cost per client of \$900. ALFMO projects to provide services to an estimated 3,460 clients for the July 1, 2016 to June 30, 2020 Alternatives to Abortion contract cycle.

- Average annual residential client cost is estimated to be \$985,500.00  
(45 annual clients x \$60 per day x 365 days per year)
- Average annual non-residential cost is estimated to be \$820,000.00  
(820 annual clients x \$1,000 annual average cost per client)

Maximum annual total price for 8 regions = \$1,805,500.00

**Pricing Table Revised by Addendum #1**

Region 1 is a “no bid” for Alliance for Life due to currently not having any subcontractors in that region.

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ 0	\$ 0	\$ 0	\$ 0
2	2	\$ 68,800.00	\$ none	\$ 83.33	\$ 1,825.00
3	3	\$ 270,000.00	\$ none	\$ 83.33	\$ 1,825.00
4	4	\$ 10,000.00	\$ none	\$ 83.33	\$ 1,825.00
5	5	\$ 133,000.00	\$ none	\$ 83.33	\$ 1,825.00
6	6	\$ 1,051,700.00	\$ none	\$ 83.33	\$ 1,825.00
7	7	\$ 228,000.00	\$ none	\$ 83.33	\$ 1,825.00
8	8	\$ 20,000/00	\$ none	\$ 83.33	\$ 1,825.00
9	9	\$ 24,000.00	\$ none	\$ 83.33	\$ 1,825.00

**EXHIBIT E – Revised 10/19/2016****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Contract Representative <b>Geographic Region(s)</b> <u>3</u>	
<b>Name of Person:</b>	Linda Freeland
Educational Degree (s): include college or university, major, and dates	Webster University BA-Management, 1998 Johnson County Community College, AA-Business Admin.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Crisis Pregnancy Coaching, series 101 & 201, Light University
# of years experience in area of service proposed to provide:	7
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor A2A program 9 years
Describe this person's responsibilities over the past 12 months.	Case Management, Point of Contact
Previous employer(s), positions, and dates	Children International, Telecommunications Manager 2002-2006 Marketing Coordinator 1999-2002 Senior Marketing Asst. 1997-1999
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	Case management for A2A, 2001-present
✓ Program administration	

**EXHIBIT E – Revised 10/19/2016****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s) _____ 3 _____</b>	
<b>Name of Person:</b>	Angie Preston
Educational Degree (s): include college or university, major, and dates	Bachelor of Science – Nursing, 1996, Univ of Missouri-Columbia, Sinclair School of Nursing
License(s)/Certification(s), #(s), expiration date(s), if applicable:	State of MO Registered Professional Nurse - 143372, expires 4/30/17
Specialized Training Completed.	Crisis Pregnancy Coaching Series 101 & 102 – Light University
# of years experience in area of service proposed to provide:	9
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor A2A Program 9 years
Describe this person's responsibilities over the past 12 months.	Case Management & Program Administrator
Previous employer(s), positions, and dates	Heartland Hospice 2005-present Adrian Manor 1999-2006
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	Case management for A2A 2006-present
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E – Revised 10/19/2016****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s): _____ 2 _____</b>	
<b>Name of Person:</b>	Amy Ackman
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	2 ½ years working as a house parent 7 ½ years as a parent
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	I have worked with Genesis House for 2 ½ years
Describe this person's responsibilities over the past 12 months.	Caring for all household duties, teaching parenting classes, attending Drs appts, anything that needs done requiring residential care.
Previous employer(s), positions, and dates	Former owner of The Good Book-Christian book store 2004-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E – Revised 10/19/2016****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): _____ 2 _____</b>	
Name of Person:	Margaret Ernest
Educational Degree (s): include college or university, major, and dates	Masters of Science in Nursing, 2012
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN, license #107525 Family Nurse Practitioner, license #2013007665
Specialized Training Completed.	Family Nurse Practitioner
# of years experience in area of service proposed to provide:	Dec 2012 – March 2016
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Board of Directors of Genesis House
Describe this person's responsibilities over the past 12 months.	Care of wellness health, disease management & chronic illness of the family from birth to death.
Previous employer(s), positions, and dates	Northeast Regional Medical Center 1996 – current
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Registered nursing education with specialty training in family medicine
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	Masters of Business, William Woods University

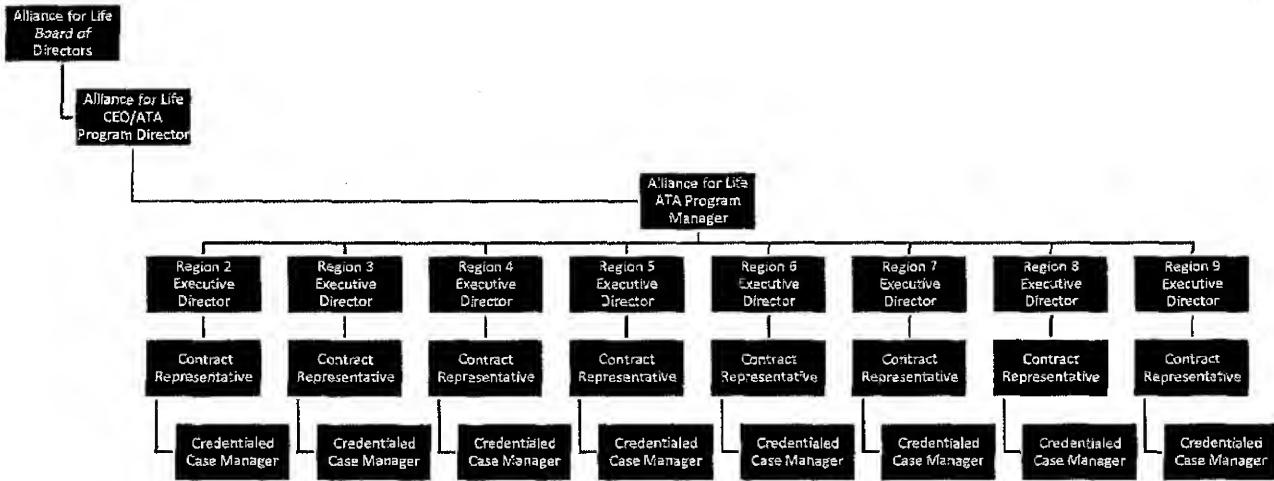
**EXHIBIT E****Credentialed Case Manager – Allison Scharbach**

She has a Bachelor's in Psychology and Sociology. Paragraph 2.10.1 a. 8) of the RFP states that a credentialed case manager must have a bachelor's degree in psychology, a bachelor's degree in counseling, **OR** a bachelor's degree in a clinical field from an accredited school if under the direct supervision of a licensed Advanced Macro Social Worker or a licensed Master Social Worker. The wording of this paragraph in the RFP has not changed from previous contracts and under those previous contracts case managers with bachelor's degrees in psychology and/or counseling have been considered "professional" case managers.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Credentialed Case Manager <b>Geographic Region(s):</b> _____ 7 _____	
<b>Name of Person:</b>	Allison Scharbach
Educational Degree (s): include college or university, major, and dates	Capella Univ, Bachelors in Psychology, May 2016
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	4 yrs schooling 3 yrs volunteer work
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer
Describe this person's responsibilities over the past 12 months.	
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development <input checked="" type="checkbox"/> Family/marital counseling <input checked="" type="checkbox"/> Social work <input checked="" type="checkbox"/> Case management <input checked="" type="checkbox"/> Program administration	Volunteering at OACAC – Headstart 2015-2016

**Alliance for Life Personnel:**

Marsha Middleton – CEO, ATA Program Director

Carrie Hoelscher – ATA Program Manager

**Alliance for Life Sub-contractors:**

Alpha House – Amanda Patterson, Executive Director  
Casey Stinley, contract representative  
Kryschell Bel, credentialled case manager

LCCW d.b.a. Alternatives Clinic – Linda Freeland, Executive Director, contract representative  
Angie Preston, credentialled case manager

Bethany Christian Services – Donna Nicholson, Executive Director  
Aimee Travers, contract representative, credentialled case manager

Care Net PRC Neosho – Margaret Nollsch, Executive Director, contract representative  
Lisa Broom, credentialled case manager

Free Women's Center – George Heib, Executive Director, contract representative  
Danielle Fowers, credentialled case manager

Genesis House – Amy Ackman, Executive Director, contract representative  
Margaret Ernest, credentialled case manager

Golden Valley Door of Hope – Melanie Mills, Executive Director, contract representative  
Dolores Tillman, credentialled case manager

Lifeline Pregnancy Care Center – Lori Amato, Executive Director, contract representative, credentialled case manager  
Angela Crawford, credentialled case manager

Lifeline Pregnancy Help Clinic – Breanne Hunt, Executive Director, contract representative  
Kristine Polovich, credentialled case manager

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Exhibit F Paragraph 12 Revised 10/19/2016

Marsha Middleton

Metro Associates PRC – Pat UpChurch, Executive Director contract representative, case manager  
Carrie Head, credentialed case manager

Options Pregnancy Center – Lacey Wallace, Executive Director, contract representative, credentialed case manager

Options Pregnancy Clinic – Jeanie Williams, Executive Director, contract representative  
Christina Todd, credentialed case manager

Options for Women – Michelle Scherer, contract representative, credentialed case manager  
To be hired – credentialed case manager

Our Lady's Inn ~ Peggy Forrest, Executive Director  
Angelica O'Neill, contract representative, credentialed case manager  
Helen Risse, credentialed case manager

Pregnancy Care Center – Lisa McIntyre, Executive Director  
Janet Doss, contract representative, credentialed case manager  
Cheryl Barratt, credentialed case manager

PHC of Lake of the Ozarks – Erma Moenkhoff, Executive Director, contract representative  
Julie Dorman, credentialed case manager

Pregnancy Life Line – Sherry Long, Executive Director, contract representative  
Melanie Peck, credentialed case manager

PRC of Mt. Grove – Brandi Jarrett, Executive Director, contract representative  
Rachelle Garrison, credentialed case manager

Rachel House – Kathy Edwards, Executive Director  
Kelly Jones, contract representative  
Michelle Emrick, credentialed case manager

Queen of Peace – Laura Pennington, Executive Director, contract representative, credentialed case manager  
Patricia Heiser, credentialed case manager

Riverways – Carol Durk, Executive Director, contract representative  
Paula Schenck, credentialed case manager

ThriVe St. Louis – Bridget VanMeans, Executive Director  
Regina Wooten, contract representative  
Julie Guariglia, credentialed case manager

Tri-County PRC – Rebecca Haine, Executive Director, contract representative  
Allison Scharbach, credentialed case manager

**Jeremiah W. (Jay) Nixon**  
Governor



**Doug Nelson**  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

**Karen S. Boeger**  
Director

October 18, 2016

Marsha Middleton  
Alliance for Life – Missouri, Inc.  
Post Office Box 65  
Greenwood, MO 64034

*Via e-mail: marsha@allianceforlifemissouri.com*

Dear Ms. Middleton:

Best and Final Offer (BAFO) #001 request for Alternatives to Abortion Program Services was issued on September 27, 2016. On September 29, 2016, an e-mail was issued by Jason Kolks advising Alliance for Life – Missouri, Inc. the BAFO #001 request for RFPS30034901700042 was indefinitely extended. However, this letter shall constitute a second official request by the State of Missouri to enter into competitive negotiations with your company. The BAFO #001 response is due by the date specified herein for BAFO #002.

Attached hereto is a new complete copy of the RFP that includes changes to the RFP as a result of the BAFO #001 request as well as additional changes to the RFP as a result of BAFO #002 request.

The RFP includes Best and Final Offer #002 (BAFO #002) as the cover page. Be sure to have an authorized representative of your organization complete and sign the BAFO #001 and BAFO #002 cover pages and return with your BAFO response.

In your response to BAFO #002, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 Form and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted.

Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing. Also, ensure your response to this BAFO request addresses the latest version of each paragraph/exhibit of the RFP.

Marsha Middleton

October 18, 2016

Page 2 of 2

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON October 25, 2016 to:

Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the original plus three (3) copies (for a total of four (4) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov.

Sincerely,

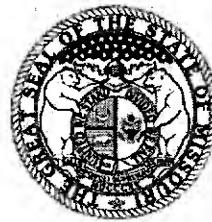


Julie Kleffner

c: Evaluation Team  
RFPS30034901700042

Attachments: RFP including BAFO form

**Jeremiah W. (Jay) Nixon**  
Governor



**Doug Nelson**  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

**Karen S. Boeger**  
Director

September 27, 2016

**Marsha Middleton**  
Alliance for Life – Missouri, Inc.  
Post Office Box 65  
Greenwood, MO 64034

*Via e-mail: marsha@allianceforlifemissouri.com*

Dear Ms. Middleton:

In accordance with paragraph 3.2 of RFPS30034901700042 for Alternative to Abortion Program Services, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with Alliance for Life – Missouri, Inc. Included with this letter are two attachments.

One attachment is a complete copy of the RFP, including revisions to the RFP. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments by this request for a BAFO.

Another attachment is the Best and Final Offer (BAFO) Request List which identifies areas of concern with your proposal, areas of your proposal needing clarification, and areas of deficiency which may not comply with the requirements of the RFP. However, please understand that the State of Missouri is under no obligation to advise you of any or all of these areas and makes no claim related thereto.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #001 form, your response to the BAFO Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

Marsha Middleton  
September 27, 2016  
Page 2

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" by 5:00 p.m. Central Time on October 4, 2016 to:

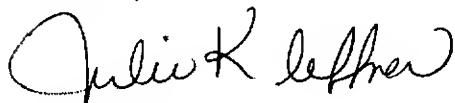
Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101-1517

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901700042" on the lower left corner. Please include the original plus five (5) copies (for a total of six (6) documents) of your response. In addition, the offeror should provide one (1) copy of the response in a Microsoft compatible format on a CD(s) or flash drive. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at julie.kleffner@oa.mo.gov. Your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal are sincerely appreciated.

Sincerely,



Julie Kleffner

c: Evaluation Team  
RFPS30034901700042

Attachments: Best and Final Offer Request List  
RFP including BAFO #001 form

**ALLIANCE FOR LIFE – MISSOURI, INC.**

**BEST AND FINAL OFFER REQUEST LIST**

**BAFO NO. 001 FOR RFP RFPS30034901700042**

**1. IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:**

- 1.1 Paragraph 2.5.1 of the RFP states, "The contractor shall be fully operational by no later than fifteen (15) calendar days after state agency authorization to proceed with providing services. Fully operational shall include providing sufficient personnel to perform the services required, completion of all necessary functions, actions, set-up, etc., necessary for successful business operation, and full implementation of all required services pursuant to the requirements of this document".

Alliance for Life – Missouri, Inc.'s Exhibit G, Implementation Plan, began with the "Effective Date of Contract", with contract services beginning day 16 rather than day 15.

In order to be compliant, Alliance for Life – Missouri, Inc. must indicate compliance with being fully operational no later than fifteen (15) calendar days after state agency authorization to proceed with providing services.

- 1.2 The Pricing Page of the RFP instructed the vendor to complete the table on the Pricing Page for each region proposed. Alliance for Life – Missouri, Inc. indicated a maximum total annual price of "\$0" for Geographic Region 1. Also, Alliance for Life – Missouri, Inc. provided a price per client per month of "\$0" for Residential Care Services for geographic regions 1, 3, 4, 5, 7, , 8 and 9.

With the BAFO response, Alliance for Life – Missouri, Inc. is requested to clarify if the "\$0" is a "no bid" or if the services are being provided at no cost.

- 1.3 Exhibit E of Alliance for Life – Missouri, Inc.'s proposal identified the following individuals as credential case managers:

Linda Freeland  
Amy Ackman  
Allison Scharback

Exhibit F of Alliance of Life – Missouri, Inc.'s proposal identified the following individuals as credential case managers:

Brycsyn Hampton  
Lacey Wallace  
Mary Seewald  
Christine Todd  
Erma Moenkhoff  
Sherri Long  
Carol Durk  
Rebecca Haine

The above identified personnel may not meet the requirements of the credential case manager as identified in paragraph 2.10.1. a. of the RFP.

Paragraph 2.10.8 of the RFP states, “The award of a contract does not constitute agreement or represent any form of approval that the personnel identified in the contractor’s awarded proposal comply with the Personnel Requirements stated herein. In the event the contractor’s personnel are found not to be compliant with the Personnel Requirements, the contractor must replace any personnel with personnel that meet the Personnel Requirements”.

With the BAFO response, Alliance for Life – Missouri, Inc. is requested to indicate understanding and agreement with paragraph 2.10.8 of the RFP.



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 2

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 08/25/16

REQ NO.: NR 300 300700001

BUYER: Julie.kleffner@oa.mo.gov

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH  
[HTTPS://MISSOURIBUYS.MO.GOV](https://MISSOURIBUYS.MO.GOV) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)

PURCHASING

or

(Courier Service)

PURCHASING

PO BOX 809

301 WEST HIGH STREET, ROOM 630

JEFFERSON CITY MO 65102-0809

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Alliance for Life – Missouri, Inc.	92773
MAILING ADDRESS	
P.O. Box 65	
CITY, STATE, ZIP CODE	
Greenwood, MO 64034	

CONTACT PERSON	EMAIL ADDRESS
Marsha Middleton	marsha@allianceforlifemissouri.com
PHONE NUMBER	FAX NUMBER
816-806-4168	855-856-5240
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	

Corporation    Individual    State/Local Government    Partnership    Sole Proprietor    IRS Tax-Exempt

AUTHORIZED SIGNATURE	DATE
	08/26/2016
PRINTED NAME	TITLE
Marsha Middleton	CEO

# Contents Page

## **Signature Pages**

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2014 990 with Schedules

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Pricing Pages

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Exhibit C  
Exhibit D  
Exhibit E

**Proposed Method of Performance** **10 - 11**

Exhibit F  
Attachment #01  
Attachment #02  
Exhibit G  
Exhibit H

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**Miscellaneous Information** **14 - 15**

Exhibit K  
Exhibit L  
Exhibit M  
Attachment 8



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 1

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 08/11/16

REQ NO.: NR 300 300700001  
BUYER: Julie.kleffner@oa.mo.gov  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH  
HTTPS://MISSOURIBUYS.MO.GOV BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)	or	(Courier Service)
PURCHASING		PURCHASING
PO BOX 809		301 WEST HIGH STREET, ROOM 630
JEFFERSON CITY MO 65102-0809		JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Alliance for Life – Missouri, Inc.	92773
MAILING ADDRESS	
PO Box 65	
CITY, STATE, ZIP CODE	
Greenwood, MO 64034	

CONTACT PERSON	EMAIL ADDRESS				
Marsha J. Middleton	marsha@allianceforlifemissouri.com				
PHONE NUMBER	FAX NUMBER				
816-806-4168	855-856-5240				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)					
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> State/Local Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> IRS Tax-Exempt
AUTHORIZED SIGNATURE	DATE				
Marsha J. Middleton	08/17/2016				
PRINTED NAME	TITLE				
Marsha J. Middleton	CEO				



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 07/15/16

REQ NO.: NR 300 30007000001

BUYER: Julie Kleffner

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

**The year for the return proposal corrected by Addendum #1**

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH  
HTTPS://MISSOURIBUYS.MO.GOV BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail)	(Courier Service)
RETURN PROPOSAL TO: PURCHASING PO BOX 809 JEFFERSON CITY MO 65102-0809	or PURCHASING 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

**SIGNATURE REQUIRED**

VENDOR NAME  Alliance for Life – Missouri, Inc.	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)  92773
MAILING ADDRESS  P.O. Box 65	
CITY, STATE, ZIP CODE  Greenwood, MO 64034	

CONTACT PERSON  Marsha J Middleton	EMAIL ADDRESS  marsha@allianceforlifemissouri.com				
PHONE NUMBER  816-806-4168	FAX NUMBER  855-856-5240				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)					
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> State/Local Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> IRS Tax-Exempt
AUTHORIZED SIGNATURE  <i>Marsha J. Middleton</i>	DATE  08/17/2016				
PRINTED NAME  Marsha J. Middleton	TITLE  CEO				

## Vendor Qualification

**Vendor Qualification Narrative**

The Alliance for Life is qualified as a vendor for the Alternatives to Abortion Program Services of the State of Missouri. The Alliance is a 501(c)3 non-profit organization and in good standing with the Missouri Secretary of State. The Alliance for Life does not perform, induce or assist in the performing of or inducing of or referring for an abortion.

**Exhibit A****Tax Exempt Letter****2014 990, Schedules A, B, D, I and O**

EXHIBIT ACERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

---

Marsha J Middleton, CEO

Name and Title of Authorized Representative

---

Marsha J Middleton  
Signature

---

08/17/2016  
Date

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2014 calendar year, or tax year beginning</b>		<b>January 1</b>	<b>, 2014, and ending</b>	<b>December 31</b>	<b>, 2014</b>
<b>B Check if applicable:</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change		Doing business as		46-0489686	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		P.O. Box 65		816-806-4168	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code			
<input type="checkbox"/> Amended return		Greenwood, MO 64034		G Gross receipts \$ 529,117.00	
<input type="checkbox"/> Application pending		F Name and address of principal officer: Marsha J Middleton 601 NE Adams Dr. Lee's Summit, MO 64086		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ► <a href="http://www.allianceforlifemissouri.com">www.allianceforlifemissouri.com</a>				H(c) Group exemption number ►	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation: 2001	M State of legal domicile: MO

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission is saving and changing lives by equipping people, empowering ministries and engaging communities toward a culture of life. AFL bring collaboration, education through trainings, consulting, networking, grant opportunities, development of new program/ministries.		
	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	6
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5	5
	6 Total number of volunteers (estimate if necessary) . . . . .	6	1
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
Revenue	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) . . . . .	41,017.00	103,395.00
	9 Program service revenue (Part VIII, line 2g) . . . . .	524,332.00	425,422.00
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0	0
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0	300.00
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	565,349.00	529,117.00
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	455,400.00	395,130.00
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	58,539.00	57,780.00
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► . . . . .		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	50,520.00	57,459.00
Net Assets or Fund Balances	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	564,459.00	510,369.00
	19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	890.00	18,748.00
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	11,564.00	78,969.00	
21 Total liabilities (Part X, line 26) . . . . .	8,683.00	56,551.00	
22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	2,881.00	22,418.00	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2014)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

- 1** Briefly describe the organization's mission:

To save and change lives by equipping people, empowering ministries and engaging communities toward a culture of life. The AFL advocates and advances the work of its affiliate partners. AFL provides organization, collaboration, and unity in the network. The Alliance brings awareness, training, development and resources to its affiliate partners.

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: 624100 ) (Expenses \$ 395,130.00 including grants of \$ 474,154.00 ) (Revenue \$ 79,024.00 )

Contractor with the State of Missouri under the Alternatives to Abortion Contract. AFL sub-contracts with its affiliates to provide the services of the program to clients across Missouri. A total of 18 sub-contractors provide services that include material needs of food, clothing, shelter, transportation, and education. In addition, fatherhood education, job training and on-going case management. Clients consist of young women in unexpected pregnancies who are choosing to carry to term or place for adoption. An estimated 2000 clients are assisted through the program during the year. The Alliance provides the acquisition of the contract and then manages and monitors the program funds and services provided by the sub-contractor.

**4b** (Code: 611430 ) (Expenses \$ 25,854.00 including grants of \$ 0 ) (Revenue \$ 19,611.00 )

An annual conference which provides educational and networking sessions for over 125 attendees representing more than 50 organizations from across Missouri and beyond. 16 regional leadership events during the year provides networking, development and unity building. In-depth training events through-out the year focusing on specific ministry areas. One on one consulting with organizations to assist in development of ministry, its leaders providing guidance and referrals.

**4c** (Code: 561000 ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 10,685.00 )

Affiliation fees paid by like-minded ministries to be a part of the Alliance for Life - Missouri.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 54,710.00 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 ✓	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)? . . . . .	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3 ✓	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5 ✓	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6 ✓	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7 ✓	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 ✓	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9 ✓	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c ✓	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f ✓	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13 ✓	
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	16 ✓	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19 ✓	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a ✓	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b ✓	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21 ✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22 ✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23 ✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a ✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b ✓	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c ✓	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d ✓	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a ✓	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b ✓	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26 ✓	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27 ✓	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a ✓	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b ✓	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c ✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29 ✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30 ✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31 ✓	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32 ✓	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33 ✓	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34 ✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a ✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b ✓	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36 ✓	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37 ✓	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38 ✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . **1a** 0 **Yes** **No**  
**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . **1b** 0  
**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garnishing (gambling) winnings to prize winners? . . . . . **1c**
- 2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 5  
**b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . **2b** ✓  
**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  
**3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . **3a** ✓  
**b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . **3b**  
**4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . **4a** ✓  
**b** If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  
**5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . **5a** ✓  
**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . **5b** ✓  
**c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . **5c**  
**6a** Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . **6a** ✓  
**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . **6b**  
**7 Organizations that may receive deductible contributions under section 170(c).**  
**a** Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . **7a** ✓  
**b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . **7b**  
**c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . **7c** ✓  
**d** If "Yes," indicate the number of Forms 8282 filed during the year **7d**  
**e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . **7e** ✓  
**f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . **7f** ✓  
**g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . **7g**  
**h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . **7h**  
**8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . **8**  
**9 Sponsoring organizations maintaining donor advised funds.**  
**a** Did the sponsoring organization make any taxable distributions under section 4966? . . . . . **9a**  
**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . **9b**  
**10 Section 501(c)(7) organizations.** Enter:  
**a** Initiation fees and capital contributions included on Part VIII, line 12 **10a**  
**b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**  
**11 Section 501(c)(12) organizations.** Enter:  
**a** Gross income from members or shareholders . . . . . **11a**  
**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . **11b**  
**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**  
**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**  
**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**  
**a** Is the organization licensed to issue qualified health plans in more than one state? . . . . .  
**Note.** See the instructions for additional information the organization must report on Schedule O.  
**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . **13b**  
**c** Enter the amount of reserves on hand . . . . . **13c**  
**14a** Did the organization receive any payments for indoor tanning services during the tax year? . . . . . **14a**  
**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . **14b**

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . **1a** 6
- If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1b Enter the number of voting members included in line 1a, above, who are independent . . . . . **1b** 6
- b Enter the number of voting members included in line 1a, above, who are independent . . . . .
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . **2** ✓
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . **3** ✓
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . **4** ✓
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . **5** ✓
- 6 Did the organization have members or stockholders? . . . . . **6** ✓
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . **7a** ✓
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . . **8b** ✓
- a The governing body? . . . . .
- b Each committee with authority to act on behalf of the governing body? . . . . .
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . **9** ✓

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a** ✓
- b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a** ✓
- b Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12a** ✓
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12b** ✓
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . **12c** ✓
- 13 Did the organization have a written whistleblower policy? . . . . . **13** ✓
- 14 Did the organization have a written document retention and destruction policy? . . . . . **14** ✓
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . . **15a** ✓
- a The organization's CEO, Executive Director, or top management official . . . . .
- b Other officers or key employees of the organization . . . . .
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **15b** ✓
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . **16a** ✓
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . **16b**

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► Missouri
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
Marsha J Middleton 106 5th Ave. S, Greenwood, MO 64034

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) Jeanie Williams President	1			✓					
(2) Diane Waisner Vice President	1			✓					
(3) Ramona Davis President Elect	1			✓					
(4) Amanda Patterson Secretary/Treasurer	1			✓					
(5) Breanne Hunt Board Member	1	✓							
(6) Dr. Richard Griffith Board Member	1	✓							
(7) Ronn Ramey Board Member	1	✓							
(8) Greg Robeson Board Member	1	✓							
(9) Marsha Middleton CEO	36			✓			40,491.00		
(10)									
(11)									
(12)									
(13)									
(14)									

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total . . . . .							► 40,491.00		
c Total from continuation sheets to Part VII, Section A . . . . .							►		
d Total (add lines 1b and 1c) . . . . .							► 40,491.00		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	✓

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>					
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c	1,141.00			
d Related organizations . . .	1d				
e Government grants (contributions)	1e	79,024.00			
f All other contributions, gifts, grants, and similar amounts not included above	1f	23,230.00			
g Noncash contributions included in lines 1a-1f: \$					
<b>h Total. Add lines 1a-1f . . . . . ►</b>		<b>103,395.00</b>			
<b>Program Service Revenue</b>		<b>Business Code</b>			
2a Alternatives To Abortion Contract		624100	395,126.00	395,126.00	
b Annual Conference/Trainings		611430	19,611.00	19,611.00	
c Affiliation Fees		561000	10,685.00	10,685.00	
d					
e					
f All other program service revenue .					
<b>g Total. Add lines 2a-2f . . . . . ►</b>		<b>425,422.00</b>			
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ►					
4 Income from investment of tax-exempt bond proceeds ►					
5 Royalties . . . . . ►					
6a Gross rents . . .	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ►					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses .					
c Gain or (loss) . . .					
d Net gain or (loss) . . . . . ►					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . a					
b Less: direct expenses . . . . . b					
c Net income or (loss) from fundraising events . ►					
9a Gross income from gaming activities. See Part IV, line 19 . . . . . a					
b Less: direct expenses . . . . . b					
c Net income or (loss) from gaming activities . . ►					
10a Gross sales of inventory, less returns and allowances . . . . . a					
b Less: cost of goods sold . . . . . b					
c Net income or (loss) from sales of inventory . . ►					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
11a Designated Travel		900099	300.00	300.00	
b					
c					
d All other revenue . . . . .					
<b>e Total. Add lines 11a-11d . . . . . ►</b>		<b>300.00</b>			
<b>12 Total revenue. See instructions.</b>		<b>529,117.00</b>	<b>425,722.00</b>		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	395,130.00	395,130.00		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . .				
4 Benefits paid to or for members . . .				
5 Compensation of current officers, directors, trustees, and key employees . . .	40,491.00	32,391.00	8.100.00	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages . . .	12,457.00	8,387.00	4,070.00	
8 Pension plan accruals and contributions (include section 401(k) and 409(b) employer contributions)				
9 Other employee benefits . . .				
10 Payroll taxes . . .	4,832.00	3,237.00	1,595.00	
11 Fees for services (non-employees):				
a Management . . .				
b Legal . . .	1,740.00	,1,740.00		
c Accounting . . .				
d Lobbying . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . .				
12 Advertising and promotion . . .				
13 Office expenses . . .	10,190.00	1,214.00	8,976.00	
14 Information technology . . .	1,232.00	1,232.00		
15 Royalties . . .				
16 Occupancy . . .	4,900.00		4,900.00	
17 Travel . . .	4,006.00	4,006.00		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . .	25,854.00	25,854.00		
20 Interest . . .				
21 Payments to affiliates . . .	474.00	474.00		
22 Depreciation, depletion, and amortization . . .				
23 Insurance . . .	4,210.00		4,210.00	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Donation/Gifts to Others	2,029.00	2,029.00		
b Fundraisers	1,234.00		1,234.00	
c				
d				
e All other expenses	1,590.00		1,590.00	
25 Total functional expenses. Add lines 1 through 24e	510,369.00	475,694.00	34,675.00	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year
	<b>Assets</b>		
1	Cash—non-interest-bearing . . . . .	11,564.00	<b>1</b> 10,007.00
2	Savings and temporary cash investments . . . . .	2	
3	Pledges and grants receivable, net . . . . .	3	55,003.00
4	Accounts receivable, net . . . . .	4	11,150.00
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	6	
7	Notes and loans receivable, net . . . . .	7	
8	Inventories for sale or use . . . . .	8	
9	Prepaid expenses and deferred charges . . . . .	9	290.00
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,279.00	
b	Less: accumulated depreciation . . . . .	10b (760.00)	10c 2,519.00
11	Investments—publicly traded securities . . . . .	11	
12	Investments—other securities. See Part IV, line 11 . . . . .	12	
13	Investments—program-related. See Part IV, line 11 . . . . .	13	
14	Intangible assets . . . . .	14	
15	Other assets. See Part IV, line 11 . . . . .	15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	11,564.00	<b>16</b> 78,969.00
	<b>Liabilities</b>		
17	Accounts payable and accrued expenses . . . . .	1,273.00	<b>17</b> 55,003.00
18	Grants payable . . . . .	18	
19	Deferred revenue . . . . .	19	
20	Tax-exempt bond liabilities . . . . .	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	22	
23	Secured mortgages and notes payable to unrelated third parties . . . . .	23	
24	Unsecured notes and loans payable to unrelated third parties . . . . .	24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	7,410.00	25 1,548.00
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	8,683.00	<b>26</b> 56,551.00
	<b>Net Assets or Fund Balances</b>		
	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets . . . . .	2,881.00	27 22,418.00
28	Temporarily restricted net assets . . . . .	28	
29	Permanently restricted net assets . . . . .	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds . . . . .	30	
31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .	31	
32	Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
33	Total net assets or fund balances . . . . .	2,881.00	33 22,418.00
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	11,564.00	<b>34</b> 78,969.00

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	529,117.00
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	510,369.00
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	18,748.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	2,881.00
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	789.00
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	22,418.00

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	✓	
2b		✓
2c		✓
3a		
3b		

## **Public Charity Status and Public Support**

2014

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**

**Employer identification number**

Alliance for Life - Missouri, Inc.

46-0489686

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
  - An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
    - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
    - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
    - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
    - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
    - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
    - f Enter the number of supported organizations \_\_\_\_\_
    - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	793,393.00	553,848.00	580,214.00	565,349.00	529,117.00	3,021,921.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	793,393.00	553,848.00	580,214.00	565,349.00	529,117.00	3,021,921.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						3,021,921.00

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 . . . . .	793,393.00	553,848.00	580,214.00	565,349.00	529,117.00	3,021,921.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						3,021,921.00
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,021,921.00
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► □						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	100 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	100 %
16a <b>33½% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b <b>33½% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a</b> <b>33½% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>33½% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- |     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount claimed for blockage or other factors (explain in detail in Part VI):</b>			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2014</b>
		<b>(iii) Distributable Amount for 2014</b>
1	Distributable amount for 2014 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)	
3	Excess distributions carryover, if any, to 2014:	
a		
b		
c		
d		
e	From 2013 . . . .	
f	<b>Total</b> of lines 3a through e	
g	Applied to underdistributions of prior years	
h	Applied to 2014 distributable amount	
i	Carryover from 2009 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
4	Distributions for 2014 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2014 distributable amount	
c	Remainder. Subtract lines 4a and 4b from 4.	
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).	
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.	
8	Breakdown of line 7:	
a		
b		
c		
d	Excess from 2013 . . .	
e	Excess from 2014 . . .	

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

2014

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Alliance for Life - Missouri, Inc.

Employer identification number

46-0489686

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

## Name of organization

Alliance for Life - Missouri, Inc.

## Employer identification number

46-0489686

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Treasurer State of Missouri  Jefferson City, MO 65102	\$ 395,126.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Liberty Women's Clinic  11 N Gallatin  Liberty MO 64068	\$ 7,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	-----	\$ -----	-----

**Name of organization**

**Employer identification number**

### **Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to [www.irs.gov/form990](http://www.irs.gov/form990).

**Note.** Terms in **bold** are defined in the *Glossary of the Instructions for Form 990*.

## Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt from Income Tax, Part VIII, *Statement of Revenue*, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt from Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

## Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it does not meet the filing requirements of this schedule by taking the following action:

- Answering "No" on Form 990, Part IV, *Checklist of Required Schedules*, line 2, or
- Checking the box on
  - Form 990-EZ, line H, or
  - Form 990-PF, Part I, *Analysis of Revenue and Expenses*, line 2.

See the separate instructions for these lines on those forms.

If an organization is not required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Accounting Method

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

## Public Inspection

**Note.** Do not include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors are not required to be made available for public inspection. All other information, including the amount of contributions, the description of **noncash contributions**, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it should not include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the Instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

## Contributors to be Listed on Part I

A **contributor** (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(vi), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

## Contributions

**Contributions** reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions do not include fees for the performance of services. See the Instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

## General Rule

Unless the organization is covered by one of the **Special Rules** below, it must list in Part I every contributor who, during the year, gave the organization, directly or indirectly, money, **securities**, or any other type of property that total \$5,000 or more for the organization's tax year. In determining the total amount,

separate and independent gifts of less than \$1,000 can be disregarded.

Include each contribution included on Form 990, Part VIII, line 1, in calculating a contributor's total contributions and determining whether that contributor must be reported on Schedule B under this General Rule (or one of the following Special Rules, if applicable). For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable), even if the organization did not receive the property during the tax year.

## Special Rules

**Section 501(c)(3) organizations that file Form 990 or 990-EZ.** For an organization described in section 501(c)(3) that meets the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A), or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 33½% support test for the current year or prior year, or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A)(vi) organization in its first five years.

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that were not for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under **General Rule**, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization did not receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently was not required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

## Specific Instructions



**Do not attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II, and III of Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).**

**Part I.** In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number consecutively. In column (b), enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization does not know the donor's identity. In column (c), enter the amount of total contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a *cash contribution* came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution

includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's cash contribution** was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization did not receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that are not reported on Form 8872, Political Organization Report of Contributions and Expenditures, do not need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its **fair market value (FMV)**. If the organization immediately sells **securities** contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the Instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property is not immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the *bona fide* bid and

asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any **qualified conservation contributions** and contributions of **conservation easements** listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

Alliance for Life - Missouri, Inc.

Employer Identification number

46-0489686

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	
b Total acreage restricted by conservation easements . . . . .	
c Number of conservation easements on a certified historic structure included in (a) . . . . .	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
(ii) Assets included in Form 990, Part X . . . . .	► \$ . . . . .
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
b Assets included in Form 990, Part X . . . . .	► \$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		3,279.00	(760.00)	2,519.00
e Other . . . . .				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ► 2,519.00

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	1,548.00
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

1,548.00

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments . . . . .	2a
b	Donated services and use of facilities . . . . .	2b
c	Recoveries of prior year grants . . . . .	2c
d	Other (Describe in Part XIII.) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIII.) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities . . . . .	2a
b	Prior year adjustments . . . . .	2b
c	Other losses . . . . .	2c
d	Other (Describe in Part XIII.) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . .	4a
b	Other (Describe in Part XIII.) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5

**Part XIII | Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIII      Supplemental Information (continued)**

**SCHEDULE I**  
**(Form 990)**

OMB No. 1545-0047  
**2014**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Name of the organization  
Employer identification number  
46-0489686

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Alpha House	43-1859422	501c3	7,160.00				ATA Contract Payments
469 S Albany Bolivar MO							
(2) Bethany Christian Services	38-1405282	501c3	18,781.00				ATA Contract Payments
7520 S. Big Bend St. Louis MO							
(3) Free Women's Center	27-3346342	501c3	18,339.00				ATA Contract Payments
704 Rt 66 W Waynesville MO							
(4) Life Choice Center for Women	43-1657696	501c3	10,121.00				ATA Contract Payments
307 W Washington Harrisonville MO							
(5) Lifeline Pregnancy Care Center	65-1230810	501c3	6,467.00				ATA Contract Payments
1017 Westside Dr Cuba MO							
(6) Lifeline Pregnancy Help Clinic	43-1773653	501c3	20,917.00				ATA Contract Payments
PO Box 663 Kirksville MO							
(7) Options Pregnancy Clinic	43-1642900	501c3	20,676.00				ATA Contract Payments
192 Expressway Lane Branson MO							
(8) Our Lady's Inn	43-1213751	501c3	46,797.00				ATA Contract Payments
4223 Compton St. St. Louis, MO							
(9) Pregnancy Care Center	43-1786978	501c3	40,267.00				ATA Contract Payments
1342 E Primrose Springfield MO							
(10) Pregnancy Help Center	43-1711390	501c3	12,309.00				ATA Contract Payments
PO Box 885 Laurie, MO							
(11) Pregnancy Life Line	34-1991474	501c3	43,445.00				ATA Contract Payments
19621 St Hwy 413 Branson West MO							
(12) Rachel House	43-1808105	501c3	44,237.00				ATA Contract Payments
1260 NE Windsor Lee's Summit MO							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							► 14
3 Enter total number of other organizations listed in the line 1 table							► 14

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2014)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Section references are to the Internal Revenue Code unless otherwise noted.

## General Instructions

**Future developments.** For the latest information about developments related to Schedule I (Form 990), such as legislation enacted after the schedule and its instructions were published, go to [www.irs.gov/form990](http://www.irs.gov/form990).

**Note.** Terms in **bold** are defined in the *Glossary of the Instructions for Form 990*.

## Purpose of Schedule

Schedule I (Form 990) is used by an organization that files Form 990 to provide information on grants and other assistance made by the filing organization during the tax year to **domestic organizations, domestic governments and domestic individuals**. Report activities conducted by the organization directly. Also, report activities conducted by the organization indirectly through a **disregarded entity or a joint venture** treated as a partnership.

Grants and other assistance include awards, prizes, **contributions**, non-cash assistance, cash allocations, stipends, scholarships, fellowships, research grants, and similar payments and distributions made by the organization during the tax year. For purposes of Schedule I, grants and other assistance do not include:

- Salaries or other **compensation** to employees, or payments to independent contractors if the primary purpose of such payments is to serve the direct and immediate needs of the organization (such as legal, accounting, or fundraising services).
- The payment of any benefit by a 501(c)(9) voluntary employees' beneficiary association (VEBA) to employees of a sponsoring organization or contributing employer, if such payment is made under the terms of the VEBA trust and in compliance with section 505.
- Grants to affiliates that are not organized as legal entities separate from the filing organization, or payments made to branch offices, accounts, or employees of the organization located in the **United States**.

A **domestic organization** includes a corporation or partnership created or organized in the United States or under the law of the United States or of any state or possession. A trust is a domestic organization if a court within the United States or a **U.S. possession** is able to exercise primary supervision over the administration of the trust, and one or more U.S. persons (or persons in **U.S. possessions**) have the authority to control all substantial decisions of the trust.

A **domestic government** is a state, a U.S. possession, a political subdivision of a state or U.S. possession, the United States, or the District of Columbia. A grant to a U.S. government agency must be included on this schedule regardless of where the agency is located or operated.

A **domestic individual** is a person, including a foreign citizen, who lives or resides in the United States (or a U.S. possession) and not outside of the United States (or a U.S. possession).

Parts II and III of this schedule may be duplicated to list additional grantees (Part II) or types of grants/assistance (Part III) that do not fit on the first page of these parts. Number each page of each part.

Do not report on this schedule foreign grants or assistance, including grants or assistance provided to **domestic organizations, domestic governments, or domestic individuals** for the purpose of providing grants or other assistance to a designated **foreign organization, foreign government, or foreign individual**. Instead, report them on Schedule F (Form 990), Statement of Activities Outside the United States.

## Who Must File

An organization that answered "Yes" to Form 990, Part IV, *Checklist of Required Schedules*, line 21 or 22, must complete Part I and either Part II or Part III of this schedule and attach it to Form 990.

If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

### Part I. General Information on Grants and Assistance

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**Lines 1 and 2.** On line 1, indicate "Yes" or "No" regarding whether the organization maintains records to substantiate amounts, eligibility, and selection criteria used for grants. In general terms, describe how the organization monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. For example, the organization can describe the periodic reports required or field investigations conducted. Use Part IV for the organization's narrative response to line 2.

### Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments

**Line 1.** Complete line 1 if the organization answered "Yes" on Form 990, Part IV, line 21. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX, line 1, column (A). Enter information only for each recipient **domestic organization or domestic government** that received more than \$5,000 aggregate of grants or assistance from the organization during the tax year.

Enter the details of each organization or entity on a separate line of Part II. If there are more organizations or entities to report in Part II than space available, report the additional organizations or entities on duplicate copies of Part II. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

**Column (a).** Enter the full legal name and mailing address of each recipient organization or government entity.

**Column (b).** Enter the employer identification number (EIN) of the grant recipient.

**Column (c).** Enter the section of the Internal Revenue Code under which the organization receiving the assistance is tax-exempt, if applicable (for example, a school described in section 501(c)(3) or a social club described in section 501(c)(7)). If a recipient is a government entity, enter the name of the government entity. If a recipient is neither a tax-exempt nor a government entity, leave column (c) blank.

**Column (d).** Enter the total dollar amount of cash grants to each recipient organization or entity for the tax year. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

**Columns (e) and (f).** Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for securities) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value on the date the property is distributed to the grantee by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices. When fair market value cannot be readily determined, use an appraised or estimated value.

**Column (g).** For non-cash property or assistance, enter a description of the property or assistance. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

**Column (h).** Describe the purpose or ultimate use of the grant funds or other assistance. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions such as general support, payments for nursing services, or laboratory construction. Enter the type of assistance, such as medical, dental, or free care for indigent hospital patients. In the case of disaster assistance, include a description of the disaster and the assistance provided (for example, "Food, shelter, and clothing for Organization A's assistance to victims of Colorado wildfires"). Use Part IV if additional space is needed for descriptions.



If the organization checks "Accrual" on Form 990, Part XII, line 1, follows SFAS 116 (ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the tax year to be paid in future years to a **domestic organization or domestic government**, it should report the grant's present value in Part II, line 1, column (d) or (e), and report any accruals of present value increments in future years.

**Line 2.** Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that (a) have been recognized by the Internal Revenue Service as exempt from federal income tax as described in section 501(c)(3), (b) are **churches**, including synagogues, temples, and mosques, (c) are integrated auxiliaries of churches and conventions or association of churches, or (d) are **domestic governments**. Enter the total.

**Line 3.** Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that are not described on line 2. This number should include both organizations that are not tax-exempt and organizations that are tax-exempt under section 501(c) but not section 501(c)(3).

### Part III. Grants and Other Assistance to Domestic Individuals

Complete Part III if the organization answered "Yes" on Form 990, Part IV, line 22. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX, line 2, column (A).

Enter information for grants and other assistance made to or for the benefit of individual recipients. Do not complete Part III for grants or assistance provided to individuals through another organization or entity, unless the grant or assistance is earmarked by the filing organization for the benefit of one or more specific **domestic individuals**. Instead, complete Part II, earlier. For example, report a payment to a **hospital** designated to cover the medical expenses of particular domestic individuals in Part III and report a contribution to a hospital designated to provide some service to the general public or to unspecified domestic charity patients in Part II.

Enter the details of each type of assistance to individuals on a separate line of Part III. If there are more types of assistance than space available, report the types of assistance on duplicate copies of Part III. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

**Column (a).** Specify type(s) of assistance provided, or describe the purpose or use of grant funds. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions, such as scholarships for students attending a particular school; provision of books or other educational supplies; food, clothing, and shelter for indigents, or direct cash assistance to indigents; etc. In the case of specific disaster assistance, include a description of the type of assistance provided and identify the disaster (for example, "Food, shelter, and clothing for immediate relief for victims of Colorado wildfires").

**Column (b).** Enter the number of recipients for each type of assistance. If the organization is unable to determine the actual number, provide an estimate of the number. Explain in Part IV how the organization arrived at the estimate.

**Column (c).** Enter the aggregate dollar amount of cash grants for each type of grant or assistance. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

**Columns (d) and (e).** Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at

its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices, on the date the property is distributed to the grantee. When fair market value cannot be readily determined, use an appraised or estimated value.

**Column (f).** For non-cash grants or assistance, enter descriptions of property. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.



If the organization checks "Accrual" on Form 990, Part XII, line 1, follows SFAS 116 (ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the tax year to be paid in future years to a **domestic individual**, it should report the grant's present value in Part III, column (c) or (d), and report any accruals of present value increments in future years.

### Part IV. Supplemental Information

Use Part IV to provide narrative information required in Part I, line 2 regarding monitoring of funds, and in Part II, column (b) regarding how the organization estimated the number of recipients for each type of grant or assistance. Also use Part IV to provide other narrative explanations and descriptions, as needed. Identify the specific part and line(s) that the response supports. Part IV can be duplicated if more space is needed.

**SCHEDULE I**  
**(Form 990)**

OMB No. 1545-0047

**2014**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Open to Public  
Inspection**

Name of the organization

Employer identification number:

46-0489686

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments**. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) The Women's Clinic of KC 815 Noland Rd Independence MO	03-0448170	501c3	36,168.00				
(2) Thrive St. Louis 4331 Lindell Blvd St. Louis MO	43-1304395	501c3	53,768.00				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

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Cat. No. 5005SP

Schedule I (Form 990) (2014)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Section references are to the Internal Revenue Code unless otherwise noted.

## General Instructions

**Future developments.** For the latest information about developments related to Schedule I (Form 990), such as legislation enacted after the schedule and its instructions were published, go to [www.irs.gov/form990](http://www.irs.gov/form990).

**Note.** Terms in **bold** are defined in the *Glossary of the Instructions for Form 990*.

## Purpose of Schedule

Schedule I (Form 990) is used by an organization that files Form 990 to provide information on grants and other assistance made by the filing organization during the tax year to **domestic organizations, domestic governments and domestic individuals**. Report activities conducted by the organization directly. Also, report activities conducted by the organization indirectly through a **disregarded entity** or a **joint venture** treated as a partnership.

**Grants and other assistance** include awards, prizes, **contributions**, non-cash assistance, cash allocations, stipends, scholarships, fellowships, research grants, and similar payments and distributions made by the organization during the tax year. For purposes of Schedule I, grants and other assistance do not include:

- Salaries or other **compensation** to employees, or payments to independent contractors if the primary purpose of such payments is to serve the direct and immediate needs of the organization (such as legal, accounting, or fundraising services).
- The payment of any benefit by a 501(c)(9) voluntary employees' beneficiary association (VEBA) to employees of a sponsoring organization or contributing employer, if such payment is made under the terms of the VEBA trust and in compliance with section 505.
- Grants to affiliates that are not organized as legal entities separate from the filing organization, or payments made to branch offices, accounts, or employees of the organization located in the **United States**.

A **domestic organization** includes a corporation or partnership created or organized in the United States or under the law of the United States or of any state or possession. A trust is a **domestic organization** if a court within the United States or a **U.S. possession** is able to exercise primary supervision over the administration of the trust, and one or more U.S. persons (or persons in **U.S. possessions**) have the authority to control all substantial decisions of the trust.

A **domestic government** is a state, a U.S. possession, a political subdivision of a state or U.S. possession, the United States, or the District of Columbia. A grant to a U.S. government agency must be included on this schedule regardless of where the agency is located or operated.

A **domestic individual** is a person, including a foreign citizen, who lives or resides in the United States (or a U.S. possession) and not outside of the United States (or a U.S. possession).

Parts II and III of this schedule may be duplicated to list additional grantees (Part II) or types of grants/assistance (Part III) that do not fit on the first page of these parts. Number each page of each part.

Do not report on this schedule foreign grants or assistance, including grants or assistance provided to **domestic organizations, domestic governments, or domestic individuals** for the purpose of providing grants or other assistance to a designated **foreign organization, foreign government, or foreign individual**. Instead, report them on Schedule F (Form 990), Statement of Activities Outside the United States.

## Who Must File

An organization that answered "Yes" to Form 990, Part IV, Checklist of Required Schedules, line 21 or 22, must complete Part I and either Part II or Part III of this schedule and attach it to Form 990.

If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

### Part I. General Information on Grants and Assistance

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**Lines 1 and 2.** On line 1, indicate "Yes" or "No" regarding whether the organization maintains records to substantiate amounts, eligibility, and selection criteria used for grants. In general terms, describe how the organization monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. For example, the organization can describe the periodic reports required or field investigations conducted. Use Part IV for the organization's narrative response to line 2.

### Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments

**Line 1.** Complete line 1 if the organization answered "Yes" on Form 990, Part IV, line 21. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX, line 1, column (A). Enter information only for each recipient **domestic organization or domestic government** that received more than \$5,000 aggregate of grants or assistance from the organization during the tax year.

Enter the details of each organization or entity on a separate line of Part II. If there are more organizations or entities to report in Part II than space available, report the additional organizations or entities on duplicate copies of Part II. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

**Column (a).** Enter the full legal name and mailing address of each recipient organization or government entity.

**Column (b).** Enter the employer identification number (EIN) of the grant recipient.

**Column (c).** Enter the section of the Internal Revenue Code under which the organization receiving the assistance is tax-exempt, if applicable (for example, a school described in section 501(c)(3) or a social club described in section 501(c)(7)). If a recipient is a government entity, enter the name of the government entity. If a recipient is neither a tax-exempt nor a government entity, leave column (c) blank.

**Column (d).** Enter the total dollar amount of cash grants to each recipient organization or entity for the tax year. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

**Columns (e) and (f).** Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value on the date the property is distributed to the grantee by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices. When fair market value cannot be readily determined, use an appraised or estimated value.

**Column (g).** For non-cash property or assistance, enter a description of the property or assistance. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

**Column (h).** Describe the purpose or ultimate use of the grant funds or other assistance. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions such as general support, payments for nursing services, or laboratory construction. Enter the type of assistance, such as medical, dental, or free care for indigent hospital patients. In the case of disaster assistance, include a description of the disaster and the assistance provided (for example, "Food, shelter, and clothing for Organization A's assistance to victims of Colorado wildfires"). Use Part IV if additional space is needed for descriptions.



If the organization checks "Accrual" on Form 990, Part XII, line 1, follows SFAS 116 (ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the tax year to be paid in future years to a **domestic organization or domestic government**, it should report the grant's present value in Part II, line 1, column (d) or (e), and report any accruals of present value increments in future years.

**Line 2.** Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that (a) have been recognized by the Internal Revenue Service as exempt from federal income tax as described in section 501(c)(3), (b) are **churches**, including synagogues, temples, and mosques, (c) are integrated auxiliaries of churches and conventions or association of churches, or (d) are **domestic governments**. Enter the total.

**Line 3.** Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that are not described on line 2. This number should include both organizations that are not tax-exempt and organizations that are tax-exempt under section 501(c) but not section 501(c)(3).

### Part III. Grants and Other Assistance to Domestic Individuals

Complete Part III if the organization answered "Yes" on Form 990, Part IV, line 22. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX, line 2, column (A).

Enter information for grants and other assistance made to or for the benefit of individual recipients. Do not complete Part III for grants or assistance provided to individuals through another organization or entity, unless the grant or assistance is earmarked by the filing organization for the benefit of one or more specific **domestic individuals**. Instead, complete Part II, earlier. For example, report a payment to a **hospital** designated to cover the medical expenses of particular domestic individuals in Part III and report a contribution to a hospital designated to provide some service to the general public or to unspecified domestic charity patients in Part II.

Enter the details of each type of assistance to individuals on a separate line of Part III. If there are more types of assistance than space available, report the types of assistance on duplicate copies of Part III. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

**Column (a).** Specify type(s) of assistance provided, or describe the purpose or use of grant funds. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions, such as scholarships for students attending a particular school; provision of books or other educational supplies; food, clothing, and shelter for indigents, or direct cash assistance to indigents; etc. In the case of specific disaster assistance, include a description of the type of assistance provided and identify the disaster (for example, "Food, shelter, and clothing for immediate relief for victims of Colorado wildfires").

**Column (b).** Enter the number of recipients for each type of assistance. If the organization is unable to determine the actual number, provide an estimate of the number. Explain in Part IV how the organization arrived at the estimate.

**Column (c).** Enter the aggregate dollar amount of cash grants for each type of grant or assistance. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

**Columns (d) and (e).** Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at

its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices, on the date the property is distributed to the grantee. When fair market value cannot be readily determined, use an appraised or estimated value.

**Column (f).** For non-cash grants or assistance, enter descriptions of property. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.



If the organization checks "Accrual" on Form 990, Part XII, line 1, follows SFAS 116 (ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the tax year to be paid in future years to a **domestic individual**, it should report the grant's present value in Part III, column (c) or (d), and report any accruals of present value increments in future years.

### Part IV. Supplemental Information

Use Part IV to provide narrative information required in Part I, line 2 regarding monitoring of funds, and in Part III, column (b) regarding how the organization estimated the number of recipients for each type of grant or assistance. Also use Part IV to provide other narrative explanations and descriptions, as needed. Identify the specific part and line(s) that the response supports. Part IV can be duplicated if more space is needed.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

Alliance for Life - Missouri, Inc.

Employer identification number

46-0489686

**Part III 4d - Other program services expenses included portions of compensation to key employee and other staff; legal services in regards to a program service; office supplies; travel; information technology; gifts for program service.**

**Part VI 11b- The completed 990 is sent electronically to each member of the governing board for review prior to filing with the IRS.**

**Part VI 12c - Compliance with the conflict of interest policy is monitored and enforced through the regular meetings of the governing board by review and discussion of any and all potential conflicts. Members with a potential conflict are not allowed to vote on the agenda item that results in a conflict of interest.**

**Part VI 15a - Compensation determination for the CEO is determined by the governing board through a process of evaluation of the CEO's job performance annually and consideration of comparable data of similar organizations and job function. Records of compensation discussion and decisions are documented in the minutes of the meeting and kept in the Corporate Records.**

**Part VI 19 - The organization's governing documents, conflict of interest policy and financial statements are kept in the Corporate Records of the Alliance for Life Office and is available for review by the public upon request.**

**Part XI 8 - Prior period adjustments were made to the fixed assets and payroll liability.**

Name of the organization

**Employer identification number**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to [www.irs.gov/form990](http://www.irs.gov/form990).

## Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

## Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

**Late return.** If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Do not use this schedule to provide the late-filing statement.**

**Amended return.** If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use this schedule.** See the Instructions for Form 990, *I. Group Return*.

**Form 990, Parts III, V, VI, VII, IX, XI, and XII.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

### 1. Part III, Statement of Program Service Accomplishments.

- a. "Yes" response to line 2.
- b. "Yes" response to line 3.
- c. Other program services on line 4d.

### 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.

- a. "No" response to line 3b.
- b. "Yes" or "No" response to line 13a.
- c. "No" response to line 14b.

### 3. Part VI, Governance, Management, and Disclosure.

a. Material differences in voting rights among members of the governing body in line 1a.

b. Delegation of governing board's authority to executive committee.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b.

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining **compensation** in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

### 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

### 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.

### 8. Part XII, Financial Statements and Reporting.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

**Form 990-EZ, Parts I, II, III, and V.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

### 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

### 2. Part II, Balance Sheets.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.

### 4. Part V, Other Information.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

**Other.** Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



*Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.*

**EXHIBIT A****CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO**

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

---

Marsha J Middleton, CEO

Name and Title of Authorized Representative

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*Marsha J Middleton*

Signature

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08/17/2016

Date

## Cost

**PRICING PAGE**

AFLMO served over 7,100 clients from July 1, 2006 to March 29, 2016 with an average annual cost per client of \$900. ALFMO projects to provide services to an estimated 3,460 clients for the July 1, 2016 to June 30, 2020 Alternatives to Abortion contract cycle.

- Average annual residential client cost is estimated to be \$985,500.00  
(45 annual clients x \$60 per day x 365 days per year)
- Average annual non-residential cost is estimated to be \$820,000.00  
(820 annual clients x \$1,000 annual average cost per client)

Maximum annual total price for 8 regions = \$1,805,500.00

**Pricing Table Revised by Addendum #1**

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ 0	\$ 0	\$ 0	\$ 0
2	2	\$ 68,800.00	\$ none	\$ 83.33	\$ 1,825.00
3	3	\$ 270,000.00	\$ none	\$ 83.33	\$ 0
4	4	\$ 10,000.00	\$ none	\$ 83.33	\$ 0
5	5	\$ 133,000.00	\$ none	\$ 83.33	\$ 0
6	6	\$ 1,051,700.00	\$ none	\$ 83.33	\$ 1,825.00
7	7	\$ 228,000.00	\$ none	\$ 83.33	\$ 0
8	8	\$ 20,000/00	\$ none	\$ 83.33	\$ 0
9	9	\$ 24,000.00	\$ none	\$ 83.33	\$ 0

## **Vendor's Experience and Reliability and Expertise of Personnel**

**Experience, Reliability and Expertise of Personnel**

1. Offeror Information: The Alliance for Life – Missouri, Inc. is a 501 (c) (3) non-profit corporation that has provided consulting assistance to pregnancy resource centers, maternity homes and adoption agencies in Missouri for 15 years. Through annual state conferences and workshops, the AFLMO provides its affiliates with continuing education, training and guidance. Exhibit A certifies AFLMO and its subcontractor's compliance with 188.335 RSMO. Additional offeror information, including AFLMO and its subcontractors, is detailed in Exhibit B. Exhibit C certifies AFLMO and its subcontractor's compliance with 188.335 RSMO regarding tax exempt organization status.
2. Experience: The AFLMO has been a contractor for the Alternatives to Abortion program for 9 ½ years from July 2006 to present. The AFLMO complies and adheres to the program goals of the Alternatives to Abortion Program to improve pregnancy outcomes by helping women to practice sound health-related behaviors. Strategies and techniques include decrease the use of tobacco, alcohol, and illegal drugs; improve mother and child nutrition; improve child health, safety, and development by helping parents provide more responsible and competent care for their children; and improve families economic self-sufficiency by helping parents develop a vision for their own future, continue their education, and find jobs.  
AFLMO currently has 18 subcontractors with the addition of 5 new subcontractors in the upcoming cycle for a total of 23. These subcontractors are made up of pregnancy centers, maternity homes and adoption agencies with 5 out of the 23 having satellite locations resulting in a total of 31 actual locations providing services. Of the 23 subcontractors, 13 have been providing services through the Alternatives to Abortion program for 9 1/2 years, and 18 have many years of experience in providing said services prior to the contract award. AFLMO has been awarded a total of

\$5,538,324.35 expending 95% of award and has managed, trained and conducted audits and continuous oversight and reporting over all subcontractors throughout the duration of three grant periods of July 1, 2006 to June 30, 2009, September 1, 2009 to June 30, 2012 and July 1, 2012 to June 30, 2016. Implementation of grant services which took place in the 9 ½ years which precede this application include:

- 2006-2007 – First year to be awarded contract. AFLMO was proposing a program with possible subcontractors to actually provide the services of the program. The first 6 months of the contract period involved getting subcontractors established, trained in the program and clients enrolled. By December, 11 subcontractors were in place and starting to utilize the funds. By February, AFLMO had 16 subcontractors established. In those last 6 months, the subcontractors were increasing their enrollment in the program and beginning to expend the award as needs were identified and met. Year one 61% was expended.
- 2007-2008 – AFLMO had 20 subcontractors in place to provide the services of the program. Expenditures increased significantly as more clients were enrolled in the program and more needs were identified. Assistance with rent, utilities, and transportation increased with the number of clients. Parenting skills taught in group settings developed as well as mentoring and group classes for father of the baby. Year two 91% was expended.
- 2008-2009 – 24 subcontractors providing services, which results in more clients served. More clients needing assistance with housing, utilities and transportation. A greater emphasis on providing parenting skills individually and in group setting. More involvement of the father of the baby. An increase in case management as more needs are identified and referrals located to provide assistance. Year three 100% was expended.
- 2009-2010 – AFLMO was again awarded A2A contract. 20 subcontractors participated. Services were provided in similar manner to previous year. First year of second A2A contract, 99% of funds were expended.
- 2010 – 2011 – 20 subcontractors participated. Evaluation and quality improvement continued. Second year of second A2A contract, 100% of fund were expended.
- 2011 – 2012 – 17 subcontractors participated. Evaluation and quality improvement continued. Third year of second A2A contract. 100% of funds have been expended.

- 2012 – 2013 – 17 subcontractors participated. Evaluation and quality improvement continued. First year of third A2A contract. 100% of funds have been expended.
- 2013 – 2014 - 16 subcontractors participated. Evaluation and quality improvement continued. Second year of third A2A contract. 100% of funds have been expended.
- 2014 – 2015 - 18 subcontractors participated. Evaluation and quality improvement continued. Third year of third A2A contract. 74% of funds have been expended. AFLMO most likely would have expended 100%, however the increase in allocations were released to AFLMO in May and the cycle ended mid-June.
- 2015 – 2016 – 18 subcontractors participated. Evaluation and quality improvement continued. Fourth year of third A2A contract, 100% of funds expected to be expended.

Through the services provided by AFLMO and its subcontractors, significant progress has been made in impacting the numbers of child abuse and neglect cases, teen pregnancies, fatherless families, and pre-term or low birth-weight deliveries to women facing an unplanned pregnancy. Health of women and children has been improved through reduction in mother's smoking and the prevention of communicable disease. Working to increase and improve education through the completion of high school or GED, the numbers of families in poverty, school drop-outs, homelessness, unemployment, have been reduced. These problems are identified as major concerns in a number of the counties that are served by the AFLMO through this grant.

Current/Prior Experience Summary of AFLMO and its subcontractors is detailed in Exhibit D.

4. Expertise of Personnel: Alliance for Life – ATA Program Director has 15 years of experience within the pregnancy center field serving as executive director. Additionally, she served as a client advocate providing direct services to clients. She has 9 ½ years of experience in the Alternatives to Abortion program, serving as a grant administrator

for a year before moving into the role of program director. The program director has many years of training in various aspects of the pregnancy center including client care, parenting education, abstinence education, grants and administration.

Alliance for Life - ATA Program Manager has 2 years of experience as the program manager. She monitors, invoices, and reviews the contract satisfaction of the subcontractors. In addition, she has previous experience in working with foundation grant management.

AFLMO subcontractors' key personnel in sum have many years of experience in the pregnancy center, maternity home, and adoption agency fields. Subcontractor executive directors' degrees include masters of rehabilitation counseling, master's in business administration, bachelor's in social work, and registered nursing as well as many years of field experience. Education, achievements, and experience of program managers include registered nurses, licensed clinical social worker, masters of social work, and bachelor's in psychology. Key personnel have at least two or more years of experience with the Alternatives to Abortion program with the exception of the new subcontractors. Personnel Expertise is summarized in Exhibit E.

**Exhibit B****Exhibit C****Exhibit D****Exhibit E**

RFPS30034901700042

Alliance for Life ~ Missouri, Inc.

Marsha Middleton

EXHIBIT B

1 OF 2

VENDOR INFORMATION

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. *The Alliance for Life-Missouri came into existence through the networking of pro-life leadership across Missouri. The Alliance was organized to help establish a collaboration among ministries. AFLMO was officially organized as a 501(c)3 in March of 2001 and been operating in this capacity for over 15 years.*
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. *The Alliance is a network of pregnancy resource centers, maternity homes, and adoption agencies across Missouri. AFLMO brings the element of collaboration through organizing statewide initiatives which result in benefits for those served. Collective efforts are identified and established that create a stronger impact upon the clients served by the ministries within the AFLMO. Services consist of negotiating for contracts/grants and sub-contracting of those awards, professional development through one day trainings and annual statewide conference events, consulting with startup organizations, board, staff and volunteer development, organization of regional network events and identifying and development of statewide online advertising campaign. Other services include serving as a clearinghouse for resources to be shared within the network. The Alliance website is: www.allianceforlifemissouri.com*
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. *The Alternatives to Abortion program funds is the only contract held by the Alliance at this time.*
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. *No contracts have been gained or lost by the Alliance in the last 2 years.*
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	The AFLMO is a coalition of pregnancy centers, maternity homes, and adoption agencies that provide this assistance through the services they provide.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	The AFLMO is a coalition of pregnancy centers, maternity homes, and adoption agencies that provide this assistance through the services they provide.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	The AFLMO is a coalition of pregnancy centers, maternity homes, and adoption agencies that provide this assistance through the services they provide.
Encouraging the formation and maintenance of two-parent families	The AFLMO is a coalition of pregnancy centers, maternity homes, and adoption agencies that provide this assistance through the services they provide.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. *The Alliance consists of a Board of Directors, a CEO, an Executive Assistant, ATA Program Manager and volunteers. In addition, the organizations of pregnancy resource centers, maternity homes and adoption agencies affiliate with the AFLMO. The Alliance itself is affiliated with national organizations that include: Heartbeat International, Care Net, and Life Matters Worldwide, Christian Leadership Alliance and National Institute of Family and Life Advocates.*

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. *No such legal proceeding or disputes exist for the Alliance for Life.*

**EXHIBIT B**

1 OF 2

**VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Alpha House has been in existence since 1989 – we were a branch of Bolivar First Baptist Church. We became our own corporation in 1999. We have provided the same services over the years, adding a few along the way. We have a 9 member board, a part time staff of 6 and several volunteers that help keep our organization running smoothly.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

The nature of our business is the decrease the rate of abortion in the counties that we serve, providing accurate education and information as led by the clients' needs. We offer alternatives to abortion, pregnancy and parenting education and support. Material items, fatherhood education, pregnancy testing, pre-natal ultrasound services, and post-abortion mentoring. We also provide education to area middle and high school students with our sexual risk avoidance classes. [www.alphahouseprc.org](http://www.alphahouseprc.org)

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Alternatives to Abortion

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

None

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <u>Identify specific information about experience:</u>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Providing assistance with job search, connecting with MO job center
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence education
Encouraging the formation and maintenance of two-parent families	Fatherhood classes, sessions that promote importance of mom & dad in the house.

2 OF 2

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
- 9 member governing Board, Executive Director responsible for day to day operations – including fundraising, hiring employees, approving volunteers, budgeting. We are affiliated with the Alliance for Life, CareNet and NIFLA
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.
- N/A

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

**Company history:** Life Choice Center for Women, then called The LIGHT House Pregnancy Center was founded by a group of women in collaboration with The LIGHT House, a Kansas City based home for unwed mothers, in October 1992. The Center provided lay-counseling, pregnancy testing, one-on-one abstinence education, material assistance, prenatal development classes, parenting classes, job skills training, and referrals to other community agencies. After a year of operation, the need for a local board of directors was recognized. The Center separated from The LIGHT House in January 1994 and the name was changed to The Pregnancy Center. In April of 1998, the name was changed to Life Choice Center for Women because the previous name implied the center was only involved with pregnancy issues. In the fall of 1999, the Center became a Medical Clinic offering ultrasound services with medical personnel on staff. In the spring of 2003, the Center entered into a contractual agreement with Goppert-Trinity Family Care to offer pre-natal care and delivery to clients who desired this service. In late 2006, the Center became a sub-contractor through the Alliance for Life for the State Alternatives to Abortion grant. Life Choice Center for Women has been in business for 23 years.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Life Choice Center for Women d.b.a. Alternatives Clinic provides compassionate care to individuals facing pregnancy related issues by offering resources and practical assistance for life-affirming choices. Material assistance is provided to families with children less than three years of age. Types of services performed include: pregnancy testing; fetal development information; confidential peer counseling; support for family members; limited OB ultrasounds; community referrals; parenting, prenatal, and life skills classes; maternity clothing; infant/toddler clothing; baby furniture; food pantry; post-abortion support; and a prenatal clinic. The Center's website address is: alternativesclinic.org.

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Aside from the Alternatives to Abortion contract, there are no other contracts for similar services.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

No contracts have been lost or gained in the last two years.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide parenting classes, infant and toddler clothing, baby furniture, formula, diapers, baby wipes, baby accessories
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Provide reference materials, lay counseling and referrals for job preparation, work and marriage
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	One-on-one abstinence counseling is provided to reduce the incidence of out of wedlock pregnancies
Encouraging the formation and maintenance of two-parent families	This is accomplished through educational materials and lay counseling

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

**Life Choice Center For Women operates under the governance of a board of directors consisting of up to nine volunteer members. The Center currently has four paid employees. The Executive Director and the Administrative Assistant are full-time. The Nurse Manager and Part-time Nurse are part-time. Fifteen volunteers work in the Center one day a week. Another thirty+ volunteers help with special projects and fundraising events. The Center partners with Goppert-Trinity Family Care to offer on-site pre-natal care. The Center is affiliated with two national organizations: CareNet and Heartbeat International. The Center is also affiliated with the Alliance For Life on a State level.**

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

**Life Choice Center For Women has not been involved in any type of legal proceedings in the last three years.**

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Bethany Christian Services began in Grand Rapids, Michigan in 1944 expanding to Missouri in 1978, with services mostly concentrated on addressing the needs of women with unplanned pregnancies, families interested in infant and international adoption, and providing post adoption services to these families. For the past five years, Bethany of Missouri has purposefully explored ways to expand its services into public sector child welfare services, especially as increasing numbers of referrals have come from at-risk mothers and vulnerable children. The Safe Families for Children program (SFFC), operating in the Greater St. Louis metropolitan area since July of 2010, has been Bethany's first organized effort to become a formal part of the public child welfare system in the Greater St. Louis Area.

In 2014, over 1020 individuals were impacted through services delivered through the Bethany Christian Services' Missouri office.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

[www.bethany.org](http://www.bethany.org). Bethany Christian Services a non-profit social service based agency. Bethany provides the following services: Pregnancy Counseling, Domestic Infant Adoption, International Adoption, Parent Advocacy, Safe Families for Children (Respite Care), Post Adoption Support, and Counseling services for Children and Families.

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Alternatives to Abortion

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

N/A

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Bethany Christian Services does provide assistance for needy families in many different ways. First, by providing emergency respite care for children whose families are facing crisis including joblessness, homelessness, a medical crisis, utility shut off, etc.... These are situations where if the parent does not have a reliable or safe family members or friends to take in their children, the state may step in and take custody of the children. Safe Families for Children relies on a network of trained and assessed host families that take these children into their homes to provide respite care while the placing parent works to resolve their crisis. Therefore, deflecting the entrance of the child into foster care and keeping the family unit together. Bethany also provides Parent Advocacy services that connects single mothers to vital resources that are necessary to keep their family unit together and stable. This program matches a client with an advocate that is there to provide referrals to resources, encouragement and parent education. The hope is that by the time the parent exits the program they will have the resources they need and also have learned three new parenting skills.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	We seek to refer any client that we are working with that needs to obtain a GED or college degree to any program that can provide assistance or training to help them accomplish this. We also refer clients to job training programs as well.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We encourage moms that we work with to talk to their doctors about reliable birth control and contraception. However, we only encourage and refer we do not establish any goals for moms to obtain birth control as that is a personal choice.
Encouraging the formation and maintenance of two-parent families	Many of the moms that we serve that are exploring an adoption plan are doing so because they desire their child to be raised in a stable two-parent family. Many of our expectant moms, by releasing their children for adoption are placing them in stable two-parent homes.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Founded in 1944 in Grand Rapids, Michigan, Bethany Christian Services is a multi-service child and family service agency that operates a nationwide network of 100 offices in 36 states. In 2014, Bethany offices provided services to over 50,000 children and families nationwide including foster care, family preservation, mental health counseling, pregnancy, and adoption services. Bethany is state-licensed as a child placing agency in all states where services are provided and is nationally-accredited by the Council on Accreditation of Agencies for Children and Families (COA.) In Missouri, Bethany has maintained a branch office for 38 years.

Bethany's Missouri branch office is part of Bethany's nationwide network of offices that is governed by a 16 members National Board of Directors and a Branch Board of Directors consisting of 8 local members. Local roles include president, vice president, secretary, and treasurer. All members participate in overseeing the strategic planning of the branch, financial condition, and fundraising efforts. Further governance includes Bethany Christian Services of Missouri being part of a much bigger organization of Bethany Christian Services. Due to the structure, St. Louis is able to utilize marketing, information technology, quality management, human resources, advancement, and staff development. The expertise of all branches is pivotal in assisting Bethany as a whole. The national leadership guides each branch to excel but also allows for autonomy based on the diverse needs of each area. Each branch completes an independent budget that becomes part of the larger budget.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

N/A

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.  
In 2009 we began the process to start a pregnancy center in Neosho. We opened in June 2011. We have been open 5 years.
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
All services are free – pregnancy tests, limited ultrasound, pregnancy/parenting classes, material assistance.
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
N/A
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.  
N/A
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	We offer one-on-one parenting classes. Clients earn baby supplies after class.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Our classes are designed to empower clients to make positive choices. Life skill classes.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We promote abstinence until marriage as needed with clients as part of appointment Annual "Man Up" event for boys.
Encouraging the formation and maintenance of two-parent families	Promote marriage to clients who are living together

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.  
7 member Board of Directors
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.  
None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. The Free Women's Center of Pulaski County (FWC) was incorporated in the State of Missouri on 25 October 2010. The FWC opened its doors on 7 March 2011, seeing its first client on 15 March 2011. The FWC became an A2A subcontractor on 1 August 2012.
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. The FWC is a crisis pregnancy center empowering women to make healthy life choices consistent with the intrinsic value of human life, and serves as a leader in the community at large for positive sexual values. The FWC provides pregnancy testing and counseling; pregnancy confirmation through limited diagnostic ultrasound; partnering and support; linkage to community resources; prenatal education; post abortion support; adoption support and material aid. Website: [www.freewomenscenter.com](http://www.freewomenscenter.com)
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. Alternatives to Abortion
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	<i>Through the A2A Program, we have provided Housing &amp; Utilities Assistance. We regularly refer clients to Income-Based Housing.</i>
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	<i>We maintain relationships with business partners through the local Chamber of Commerce to identify job opportunities; assist client with resume preparation; offer Internet access to apply for jobs on-line; and provide clothing as required by the employer.</i>
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	<i>In coordination with the Pulaski County Health Center, we give sexual risk avoidance presentations to local 8<sup>th</sup> grade boys and girls. We also, give such presentations to area youth groups.</i>
Encouraging the formation and maintenance of two-parent families	<i>We have an extensive Men's Mentoring Program and encourage joint attendance in our prenatal education program.</i>

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. The FWC is governed by a Board of Directors with a President, Vice-President, Treasurer, and secretary. The Board has hired and supervises an Executive Director who oversees all development and FWC operations. The Executive Director hires and supervises a Client Service Director who supervises volunteer training and actions.
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.  
Incorporated 2007 – we were born out of a group of people being called to create a place to help women in need. Our doors have been open since Oct. 2013
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
We provide housing for pregnant mothers – provide all basic needs & offer parenting, budgeting & nutrition classes. [www.genesishouse2.org](http://www.genesishouse2.org)
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
No other contracts
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.  
N/A
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	We work on job training, interviewing, etc. We help women find jobs that will be able to support them and their children.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	
Encouraging the formation and maintenance of two-parent families	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.  
We are board operated
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.  
N/A

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. GVDH is a pregnancy resource center that began May 4, 2009 in Clinton, MO. GVDH has been in business for almost 6 years and provides services to Henry County, parts of St. Clair, Pettis and Cass County
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. GVDH provides PRC services. We are a limited medical clinic providing Ultrasound, Pregnancy tests, and STI testing. Other services include parenting classes, abortion recovery, sexual risk avoidance education, resources and referrals. [www.gvdoorofhope.org](http://www.gvdoorofhope.org)
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. Alternatives to Abortion
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. No contracts have been lost or gained in the past two years.
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <u>Identify specific information about experience:</u>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Works with families referred by the Dept. of Family Services. It is our goal to provide families with the proper tools and support to keep families together or reunite families. Have provided toddler beds, cribs and pack n plays to needing families to provide adequate sleeping equipment for their children.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Provides referrals to the Career Center and encourages and helps clients find jobs. Through A2A program, GVDH has been able to help clients with uniforms and interview clothing
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Teaches abstinence based sexual risk avoidance class called CHOICES in 15 schools throughout the area. Counsel clients on healthy practices and encourage clients to make the best choices possible with family planning.
Encouraging the formation and maintenance of two-parent families	We have a fatherhood program to encourage mothers and fathers to be actively involved in each child's life. It is our belief and practice that a child needs both parents to have the best quality of life.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. We are overseen by a Board of Directors. Under our Board of Directors is our Executive Director who oversees the pregnancy center and our partnering companies. Our pregnancy center is overseen by our Center Director and business is conducted through the work of Approximately 30 volunteers who keep the organization running. GVDH is partnering with First Baptist Church in the operation of New Hope Daycare and Preschool. This daycare and preschool serves clients from our pregnancy center by offering state funded or affordable care so parents can finish their education and enter into the workforce with ease.
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

*Lifeline Pregnancy Care Center was incorporated in the State of Missouri on July 8, 2004. Lifeline PCC opened its doors on October 1, 2007, seeing its first client on October 4, 2007. Lifeline PCC became an A2A subcontractor on August 1, 2012.*

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Website: [www.lifelinepcc.com](http://www.lifelinepcc.com)

**Lifeline Pregnancy Care Center  
Program Description**

- We provide practical, emotional and spiritual support to women, men, and children (all ages) facing pregnancy and abortion related concerns. This includes, but is not limited to, providing free pregnancy services, adoption referral, care counseling, parenting classes, information on abortion procedures and risks, information on abortion alternatives, post-abortion support and other related programs and services.
- We are a medical facility providing limited ultrasounds for a positive pregnancy test confirmed within 5-14 weeks of LMP, under the standing order of a physician by a trained staff or nurse volunteers on any client meeting the criteria established to determine if a woman has an intrauterine pregnancy and to detect fetal heartbeat.
- We provide abstinence education and information about sexually transmitted diseases to the public, concentrating on pre-teens and teens in local school systems.
- We hope to continue supplying our A2A clients with funds to pay utility bills, gas for doctor appointments and parenting class appointments, baby items, college classes, and any other bills as the need arises.

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

**Alternatives to Abortion**

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

N/A

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	<i>Through the A2A Program, we have provided Housing &amp; Utilities Assistance. We regularly refer clients to Income-Based Housing.</i>
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	<i>We maintain relationships with business partners through the local Chamber of Commerce and the Crawford County Coalition to identify job opportunities; assist client with resume preparation; offer Internet access to apply for jobs on-line; and provide clothing as required by the employer.</i>
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	<i>We give sexual risk avoidance presentations to local High School Students. We also, give such presentations to area youth groups.</i>
Encouraging the formation and maintenance of two-parent families	<i>We have an extensive Men's Mentoring Program and encourage joint attendance in our prenatal education program.</i>

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
- Lifeline PCC is governed by a Board of Directors with a President, Vice-President, Treasurer, and Secretary. The Board has hired and supervises an Executive Director who oversees all development and operations. The Executive Director hires and supervises an Executive Assistant who supervises volunteers and daily office management.*
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.
- None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.  
**Lifeline Pregnancy Help Clinic has been serving women, men and families across Northeast Missouri for the past 18 years. Founded and incorporated in June 1997, the organization has serve hundreds of clients throughout its history.**
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
**As a pregnancy help medical clinic, Lifeline provides a wide variety of free and confidential services related to unexpected pregnancy, including: pregnancy tests, limited obstetrical ultrasound, pregnancy options counseling, prenatal and parenting education, baby and maternity supplies, post-abortion support program, fatherhood program, adoption referral, healthcare and social services referral and assistance, teen parent support group, and school-based abstinence education program. More information can be obtained by visiting <http://lifelinepregnancyhelp.org>.**
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
**For those inquiring for assistance or help outside of a reasonable driving distance, Lifeline Pregnancy Help Clinic keeps a complete resource list and will make referrals to similar agencies that may be closer to the individual seeking assistance. In addition, for those clients that may be relocating to another part of the state, Lifeline will work to get them transferred to another Alternatives to Abortion provider in the area in which they are moving.**
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Our EWYL program promotes positive parenting skills and also provides for material needs.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Through our school-based abstinence education program we serve nearly 20 schools in 9 NEMO counties.
Encouraging the formation and maintenance of two-parent families	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.  
**Lifeline Pregnancy Help Clinic is a non-profit, 501(c)3 organization that is governed by a volunteer Board of Directors. The organization employs two full-time and four part-time employees and also utilizes various volunteer roles.**
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.  
Metro Associates, Inc (MAI) was founded in 1978. Through specific program, MAI programs reach and assist individuals, families and organizations in urban communities who need help.
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
MAI offers various programs including educational, food, clothing assistance, pregnancy testing, peer counseling & support, advocacy and referrals.
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
N/A
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.  
N/A
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	<b>Clearly identify and describe the experience</b>
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide educational information, food, clothing and other items for needy individuals and families.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Provide educational information, scholarships, job preparation information, marriage & family mentoring, referrals.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Mentoring, relationship education and coaching, life skills, information and education
Encouraging the formation and maintenance of two-parent families	Marriage & family education & mentoring

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.  
Board of Directors with staff reporting to Board of Directors
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.  
None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

A small group of caring men and women banded together, and in 1981 Our Lady's Inn was incorporated, with a vision to provide a safe haven for pregnant women in a crisis pregnancy who found themselves abandoned and homeless because of the pregnancy. They were determined to meet an unmet community need and endeavored to provide a loving and safe home for these women to reside in and give birth with dignity. With this urgent mission, we opened our first residential shelter on January 22, 1982. We currently operate two maternity homes, one in the urban core of St. Louis City, and a second location in Defiance, MO. Between our two homes, 30 pregnant women and their children are sheltered and cared for each day. In addition to the two residential shelters, we operate three long-term Transitional Housing Apartments serving families who successfully complete our residential program and need further housing and social services support to transition into independent living. In 2009, we opened a resale store, "Twice Blessed", as a social enterprise conveniently located about a block from the St. Louis home. It provides an opportunity for our residents to gain much needed job experience and develop job skills, while serving as a small funding stream. We have a strong and proven record of success working with this vulnerable population.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Our Lady's Inn is a 501 © 3 charitable organization that provides shelter and support services to homeless pregnant women aged 18 and older and their dependent children. Our services include pre- and post-natal nursing care; counseling and case management; vocational and educational guidance; housing and addictions treatment referrals; and essential basic needs such as food, clothing, baby items, and furniture. We also offer classes on a variety of topics including, but not limited to: childbirth, parenting, budgeting, smoking cessation, breastfeeding and well-baby care.

Website - [www.ourladysinn.org](http://www.ourladysinn.org)

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Alternatives to Abortion and,

Our Lady's Inn has contracts with the Children's Resource Board of St. Charles County and the St. Louis County Children's Service Fund to provide housing and case management to the children in our shelter from those counties.

Our Lady's Inn has also received small ESG, Child/Adult Food Care Program, Housing Resources Commission, Children's Trust Fund, and Affordable Housing Trust Fund grants from the City of St. Louis and/or St. Louis County to provide services to the homeless as well as from the Community Assistance Board of St. Charles County.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

The contracts mentioned above were secured through a competitive grants application process. They are not guaranteed, nor are they necessarily awarded to the same organizations annually.

During the last two years, we have not lost any of these grants.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	N/A
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	The goal for the homeless mothers and their children who seek our shelter is to transition out of crisis and move toward stability. Women without a high school diploma or GED, without marketable employment skills, lacking coping skills to handle behavioral health issues, recovering from addiction and/or suffering the effects of domestic violence, need intense, professional services designed to meet individual needs. Homeless mothers find these services at OLI where trained, professional staff and high-quality supportive services are specifically targeted to serve this unique population. OLI provides services including GED training, resume building and interviewing skills, transportation to and from interviews and appropriate clothing for interviews. OLI also gives the clients referrals for childcare so they are able to work when they find a job.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	N/A
Encouraging the formation and maintenance of two-parent families	N/A

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Our Lady's Inn is an independent 501 © 3 charitable organization overseen by a board of directors (maximum number of 20). Our Lady's Inn operates two maternity homes, a small transitional housing program and two resale stores.

- A Board of Directors list and Organizational Chart are attached.
- Our Lady's Inn completed the accreditation process with CARF International and in 2015 was awarded its top level of accreditation - a three year accreditation, for the second time in a row.
- Our Lady's Inn is a member of Heartbeat International.
- Our Lady's Inn is an active participant in the Continuums of Care for St. Louis City, St. Louis County and St. Charles County.
- Our Lady's Inn is a member of the Alliance for Life Coalition.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

N/A

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. Options Pregnancy Center was established on December 7, 2005 and has been healthily functioning for the past 10 years. Options mission is a commitment to providing resources for crisis pregnancies and educational support for the community.
  2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
    - Medical: Pregnancy testing, ultrasound and medical referrals for pre-natal care.
    - Expectant mom mentoring: Compassionate long-term mentoring to prepare for parenting or adoption.
    - Building healthy babies nutrition: Comprehensive nutrition education for healthy birth-weight babies. Including education on folic acid, safe sleep, immunizations, shaken baby, and substance abuse.
    - Single mom relationships: coaching single moms to invest in their pregnancy and their babies.
    - Couple relationships: Coaching couples to invest in their relationship to benefit their children.
    - Healthy pregnancy classes: Teaching expectant, moms to invest in their pregnancy and their babies.
    - Labor and Birth classes: Training expectant moms to prepare for childbirth.
    - Lactation Consulting: Teaching techniques of breastfeeding to clients through one-on-one support.
    - Smoke-free babies: Educating expectant moms, dads, grandparents, and significant others.
    - Parents and the law: Increasing success to live within the law, protect children from abuse, and use law to protect families.
    - Financial counseling: Educating families with money management skills for a strong financial future.
    - Expectant father classes: Empowering expectant fathers to manage anger, cope with stress, maintain healthy relationships, and interact in a nurturing and positive manner with their child.
    - Community Referral Network: Connecting clients with local community resources.
- [www.opcofava.org](http://www.opcofava.org)
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. Alternatives to Abortion
  4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
  5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes:  YES  NO

Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide education through classes and financial assistance when needed
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Parenting, couple and financial counseling and classes, job search training
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence education for non-married clients
Encouraging the formation and maintenance of two-parent families	Couple training provided when both parents attend classes

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Options is a 501c3 non-profit organization governed by a board of directors including a board chairman, vice chairman, secretary, and treasurer. The Executive Director oversees the day to day operations and together with staff and the members of the board to ensure proper and effective functioning of the organization. We have no pending legal issues to report.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.  
Opened in 1994, now 22 years
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
Serve women facing unplanned pregnancy with free pregnancy test, ultrasound & parenting education.  
[www.optionspregnancyclinic.com](http://www.optionspregnancyclinic.com)
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
Alternatives to Abortion
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.  
N/A
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <u>Identify specific information about experience:</u>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Earn While You Learn promotes positive parenting skills and provides basic needs.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	
Encouraging the formation and maintenance of two-parent families	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.  
Board of Directors, Executive Director, Staff, Volunteers
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.  
N/A

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. A group of individuals formed a board and started incorporation filing in the state of Missouri in January 2013. Filing for tax exempt status from federal income tax as a 501c3 was started at the same time. Options for Women was recognized by the state of Missouri, Office of Secretary of State, with a certificate of incorporation as a Missouri nonprofit on January 25, 2013. Recognition as a 501c3 was received on March 9, 2014. Office space was secured and remodeled in late 2013 for Options for Women pregnancy help center. Options for Women, Help for Families officially opened for business in May 2014 with a public open house and a grand opening ceremony.
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
  
Options for Women is committed to serving women and families who are facing unplanned pregnancies. Our vision is to see life valued and families strengthened. Services include pregnancy testing, first trimester limited ultrasound, peer advocacy, educational information regarding abortion alternative choices, parenting classes, material support and community/medical referrals. All services are free and confidential. The client website address is: [www.optionsforwomencape.com](http://www.optionsforwomencape.com). The partner website address is: [www.affirmlifecape.org](http://www.affirmlifecape.org)
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
  
Options for Women has no other contracts at this time.
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. None
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Parenting classes provided to support needy families and include the opportunity to obtain material goods. Resource referrals are provided to clients, including information related to assistance available in the community.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Case management is provided to clients to assist with a variety of needs including job availability and training, medical care and any other identified needs.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	
Encouraging the formation and maintenance of two-parent families	Parenting classes include class sessions for couples to encourage and support co-parenting of children

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.  
  
Options for Women is governed by a 10 member Board of Directors. The organization is a member of the local Chamber of Commerce. Options for Women partners with a variety of area social service providers and churches in order to serve clients. Options for Women is an affiliate of Heartbeat International and Alliance for Life.
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

The Pregnancy Care Center (PCC) was founded in 1998 to address an increase in teen pregnancies and an increase in the number of child abuse and neglect cases in the Springfield area. PCC opened its doors in April 2000 to provide vital health and education resources to young people facing an unplanned pregnancy. Since then PCC has expanded its services to include seven counties in Southwest Missouri. PCC now has 12 full-time and 12 part-time staff members.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

The PCC is a non-profit whose mission is to provide pregnancy and relationship education to better the health and wellness of young people in Southwest Missouri. In the past 16 years, PCC has provided more than 285,000 health, wellness, and relationship services to young people in need.

The Healthy Families, Healthy Babies program offers a comprehensive set of services and resources for at-risk young women, men and their families facing an unplanned pregnancy

Pregnancy Testing	Ultrasound services
Case management assessment	Healthy pregnancy classes
Healthy relationship education	Smoking cessation
Baby and maternity supplies	Family support program
Crisis Intervention	Child abuse & neglect prevention
Nutrition education	Lactation consulting
Individual mentoring	Fatherhood 365

The Choices Prevention & Healthy Relationship Project equips over 12,000 teens a year with skills to avoid risky behaviors, develop decision-making & refusal skills, provide character education, and present the latest medical research on sexually transmitted infections.

[www.pccchoices.org](http://www.pccchoices.org)

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Alternatives to Abortion

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

No contracts have been gained or lost.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes:  YES  NO

Purposes <u>Identify specific information about experience:</u>	<u>Clearly identify and describe the experience</u>
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Parenting 101 class; one-on-one mentoring; client incentives; client assistance with diapers, wipes, clothing, and formula; healthy and nutrition classes
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Connection to community resources; job preparation, relationship classes; fatherhood program
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence education in the schools; relationship education; personal development classes.
Encouraging the formation and maintenance of two-parent families	Relationship education classes and fatherhood program.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

PCC is overseen by a Board of Directors made up of professional and business individuals from the community. The Board provides leadership on PCC programs, projects and operations in addition to creating long-range plans for the growth and development of PCC. Liz McIntire, CEO, is CPA with many years of experience in leadership, consulting & business relations. Kimberly Costello, Director of Development, has been with PCC for 16 years and has 25 years experience in donor development, organization management, and fundraising. Ms. McIntire and Ms. Costello manage 12 full time and 12 part time staff.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.  
**PHC has been in operation since 1989.**
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
**We are a pregnancy help center, offering help with unplanned pregnancies. www.pregnancyhelpcenters.com**
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
**We are a subcontractor with Alliance for Life through June 2016..**
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.  
**To help us provide some of the services for the women coming to our facility.**
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We offer Parenting, Life Skills, and other classes to promote client self sufficiency.
Encouraging the formation and maintenance of two-parent families	We offer Classes promoting fatherhood and two parent families.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.  
**We have a governing board, and operate as a 501c3 ministry.**
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.  
**None.**

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. **Pregnancy Life Line (PLL)** has been reaching out to those facing an unplanned pregnancy for twelve years. Founded in April 2004, **Pregnancy Life Line (PLL)** began fundraising and community education immediately. **Pregnancy Life Line (PLL)** miraculously opened their doors with a donated ultrasound machine and the first set of parenting class curriculum, eventually adding the sexual health education program and the men's mentoring program.
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. **Pregnancy Life Line (PLL)** provides services which allow our clients to make the choice to continue their pregnancy. This allows for increasing the number of healthy birth weight babies, reducing abuse and foster care placement, increasing high school retention, strengthening positive fatherhood characteristics and delaying the onset of sexual activity. This is achieved by offering free services which include: pregnancy testing, first trimester educational ultrasounds, referrals, prenatal education, parenting education, mentoring with client advocates who bring a broad spectrum of positive life skills, men's mentoring program and sexual health education. [www pll us com](http://www pll us com) (client website)
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. **Alliance for Life - Alternatives to Abortion** is the only contract **Pregnancy Life Line (PLL)** has.
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. None
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes:  YES  NO

Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	PLL assists in identifying specific client needs in the home. We collaborate with area agencies to help meet emergent needs either through referral or PLL provision. Some of these needs include providing baby supplies, safe sleep environments, car seats, and heat, electric and rent assistance. Education on obtaining quality child care is provided.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	PLL provides classes on searching, applying and interviewing for employment. PLL collaborates with the Missouri Career Center, their WIOIA Youth program, the local GED program and with Jobs for Life.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	PLL collaboratively provides Sexual Health Education in local schools. PLL staff hold conversations and provide information regarding ways to prevent an unintended pregnancy with those clients having a negative pregnancy test result.
Encouraging the formation and maintenance of two-parent families	Relationship classes are held for both the mother and the father of the baby. Women's mentoring is provided as the client faces various relationship challenges. Our Man2Man Program offers education and mentoring to the father of the baby in understanding his roles and responsibilities. Domestic Violence assessments are completed and appropriate assistance is offered.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Pregnancy Life Line is governed by a board of directors.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.  
**The Pregnancy Resource Center of Mountain Grove was founded in 2009. We have been in business for 7 years as of this date.**
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
**We are non-profit ministry dedicated to the sanctity of human life. We exist to provide alternatives to abortion in the form of peer counseling, emotional support, parenting education, adoption information and referrals, other professional community referrals and material resources for moms and babies (diapers, baby clothes, etc). Website address is [www.prcofmg.org](http://www.prcofmg.org)**
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
**Alternatives to abortion**
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.  
**N/A**
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	By providing parenting education at our center and one-on-one mentoring, we do hope to give families the support they need to care for their children themselves.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	We seek to provide a hand-up to our clients by helping them to find work resources, and we provide classes that teach skills such as budgeting, relationship skills, the benefits of marriage and abstinence prior to marriage. Clients also earn points from these classes that can be used towards material resources to assist them.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We seek to provide a hand-up to our clients by helping them to find work resources, and we provide classes that teach skills such as budgeting, relationship skills, the benefits of marriage and abstinence prior to marriage. Clients also earn points from these classes that can be used towards material resources to assist them.
Encouraging the formation and maintenance of two-parent families	We seek to provide a hand-up to our clients by helping them to find work resources, and we provide classes that teach skills such as budgeting, relationship skills, the benefits of marriage and abstinence prior to marriage. Clients also earn points from these classes that can be used towards material resources to assist them.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

The Pregnancy Resource Center is governed by an 11-member Board of Directors. The Executive Director oversees the day-to-day operation of the organization and the Nurse Manager oversees the medical services, under the supervision of our Medical Director (a local physician).

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

N/A

**EXHIBIT B****1 OF 2****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Queen of Peace Center (QOPC) is a family-centered behavioral healthcare provider for women with addiction, their children and families. QOPC offers a variety of evidenced based treatment options for addictions, co-occurring disorders and trauma. The Center offers quality residential and outpatient services delivered by highly skilled and compassionate professionals that believe affordable treatment should be accessible to everyone; all programs and services are carried out with hope, dignity and respect. QOPC has been a Federation agency of Catholic Charities since 1985 and serves the metropolitan and surrounding St. Louis area. The Center is accredited by The National Council on Accreditation and certified through the Missouri Department of Mental Health, Division of Behavioral Health's Women and Children's Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR).

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

QOPC offers a comprehensive array of services for women, children and their families including treatment, housing, prevention, education and health services.

A typical individual seeking services with the Center is a female between the ages of 18-35, did not graduate high school, is unemployed, uninsured, a trauma survivor and lives with a co-occurring disorder. Women enrolled at QOPC have the following services available to them for treatment: diagnostic screening and clinical assessment, residential and/or outpatient services, individual and group co-occurring counseling, group education, case management, peer mentoring and recovery support, trauma recovery support, art therapy, primary health care referral and services, psychiatric services, transitional housing and permanent housing. If at intake a woman is found to be pregnant, she also has access to residential care specific to the needs of pregnant and postpartum mothers, childbirth education and other pregnancy support services. The children of mothers enrolled in treatment also have a host of services available to them through the Center's Nurturing Networks program, including: children's therapy, art therapy, case management and therapeutic daycare services. Family counseling is available for family members of enrolled clients also to continue the wrap around holistic services needed for long-term recovery.

QOPC provides a full continuum of housing support to homeless women and families including supportive, transitional and permanent housing. We believe that housing coupled with treatment helps break the cycle of addiction and homelessness. In 2015, 1100 families received housing assistance. In April 2014, QOPC was recognized by the Saint Louis Civil Rights Enforcement Agency as an exceptional provider of fair and low income housing.

QOPC also has programs that are housed in community partner agencies in order to provide necessary prevention and screening services related to addiction. Adolescent Resource Center (ARC) is a prevention-based program specific to youth ages 12-19 at risk for developing or living with addiction and mental illness. QOPC's Community Behavioral Health program utilizes the SBIRT model (Screening, Brief Intervention and Referral to Treatment) in primary health care settings to identify individuals at risk for developing risky behaviors associated with drug and/or alcohol and to provide individualized interventions to prevent further use.

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

QOPC's family-centered behavioral health treatment services are certified through the Women and Children's CSTAR with the Missouri Department of Mental Health; QOPC is one of the largest Women and Children's CSTAR providers in the state of Missouri. QOPC provided 2,784 individuals with treatment services in 2015.

**2 OF 2**

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.
- Administration for Children and Families (2012-2015):** This grant provided funding for residential treatment for pregnant and postpartum women. The funding cycle was three years in length with no opportunity for renewal.
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Needy Families-clinical staff promote whenever appropriate for families to remain intact and in the event that children have been removed from mother's custody, the clinical staff work to provide opportunities for reunification. Services include parenting education, counseling and case management.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Employment-staff facilitate employment readiness groups, provide individual job search assistance, and computer skills training.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Pregnancies-family therapist and parent educator work with women to establish goals for their health, pregnancy and childbirth. QOPC implemented a childbirth education curriculum aligned with the agency's mission.
Encouraging the formation and maintenance of two-parent families	Two-parent Families-family therapist works to engage family members, partners and fathers in the pregnancy, childbirth and parenting process and where appropriate promotes two-parent families. Many of our clients have experienced trauma and domestic violence so the first goal of staff is to ensure clients' safety and wellbeing.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
- QOPC is member of the Federation of Catholic Charities of Saint Louis, part of the Archdiocese of Saint Louis. QOPC is an independent non-profit agency governed by a Board of Directors (see attached roster) with the President of Catholic Charities serving as an ex-officio board member.
- QOPC is a member of the United Way, the Missouri Coalition for Community Behavioral Healthcare and the National Council for Behavioral Health. Please see Exhibit E for key personnel.
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Queen of Peace Center – Region 6

Marsha Middleton

N/A

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. **Company History – Rachel House began as the LIGHTHouse of Blue Springs, under the umbrella ministry of the LIGHTHouse Maternity Home. We incorporated as Rachel House Pregnancy Resource Centers, Inc. In February of 1998. We have been operating under that name for the last 18 years.**
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. **Rachel House is dedicated to meeting the physical, emotional and spiritual needs of those experiencing an unplanned pregnancy. Our goal is to help them make the best choice for their pregnancy, their future and the future of their child. We provide free pregnancy tests, ultrasounds and education related to parenting and pregnancy. Our website is [www.rachelhouse.com](http://www.rachelhouse.com)**
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services. **Alternatives to Abortion**
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. **N/A**
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <b>Identify specific information about experience:</b>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Parenting classes & community referrals, needs referrals, counseling/referrals
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Abstinence education, sex education taught to clients
Encouraging the formation and maintenance of two-parent families	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. **Rachel House is a 501c3 under federal law. We are governed by a 10 member board of directors. Eight of our 20 employees are full-time. There is not a parent/subsidiary affiliation with other firms.**
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. **There has been no legal proceedings involving our company and none are pending.**

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted. **Provide a brief company history, including the founding date ad number of years in business as currently constituted.**  
Riverways Pregnancy Resource Center opened in 2002 in Salem, Missouri. We have served Dent and surrounding counties for 14 years.
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any. **Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address.**  
Riverways PRC is a non-profit organization. We provide parenting and pre-natal care education, professional and non-professional case management, material resources and referrals to assist women in carrying their pregnancy to term.  
Website: riverwaysprc.org
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
Alternatives to Abortion
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <u>  X  </u> YES <u>      </u> NO	
Purposes <b>Identify specific information about experience:</b>	<b>Clearly identify and describe the experience</b>
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide education to promote prenatal care & positive parenting. Provide material resources and referrals.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Provide case management education, address educational attainment concerns & encourage training & education.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	
Encouraging the formation and maintenance of two-parent families	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. **Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organizations, corporate trade affiliations, any parent/subsidiary affiliations with other firms etc.**  
Riverways PRC is governed by a Board of Directors which meets 6 times each year.  
Daily center oversight is management by the center's executive director.
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.  
N/A

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

ThriVe St. Louis was founded in 1993. Originally starting with pregnancy options counseling and pregnancy testing, ThriVe added first trimester ultrasounds and has morphed into providing more medical services. Full gestational ultrasounds began in 2011 and STD testing began in June 2012. Three physical building locations exist. In addition, we have 3 Medical Mobile centers. While the pregnancy centers are a large part of what we do, we also have a Best Choice Sexual Integrity program and Post Abortive support groups.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Within the Pregnancy centers/MMCs, free pregnancy testing, ultrasounds, options counseling, STD education and testing are given. Additionally, ThriVe offers prenatal/parenting skills curriculum called "Parent University" with an 11 month rotating curriculum. An intensive case Management program (A2A) is available to extremely high need clients, as well.

The Best Choice program serves middle school and high school students within public and private schools, churches and organizations. They discuss sexual integrity, healthy relationships and provide STD information and education.

ThriVe also conducts many post abortion support groups throughout the year. These classes are based on number interested and are very small in order to keep a safe environment for these women to feel free to share.

[www.thrivestlouis.org](http://www.thrivestlouis.org)

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Alternatives to Abortion

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. N/A

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <u>Identify specific information about experience:</u>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide support through case management and client services, our Parent University classes and tangible assistance through A2A
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	These specific area goals are set within our A2A program. Additionally, job preparedness is also covered in PU classes
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	Best Choice Sexual Integrity program focusing on healthy choices, abstinence, healthy relationships and STI prevention. A2A program referrals/goal setting & PU curriculum
Encouraging the formation and maintenance of two-parent families	Same as above

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. ThriVe's structure of organization includes a Board of Directors and the President.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. None

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.  
**The Tri-County Pregnancy Resource Center was officially opened on October 10<sup>th</sup> 2010. We have currently been in business about 5 and ½ years.**
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.  
**TCPRC provides services to pregnant women and their families. We offer a free pregnancy test and verification of pregnancy, limited ultrasound up to 14 weeks gestation, STD testing and treatment, pregnancy education (pregnancy, labor, birth, postpartum, parenting skills, breastfeeding, etc), fatherhood classes, and abstinence education in the local schools.**  
**Website: www.tpcrc.com**
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.  
**We have a contract with Missouri State University's Abstinence Education Program to provide abstinence education in our local schools.**
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.  
**We gained the MSU AEP contract in 2014/2015. This contract provides the funds to pay our instructors to go into the schools and teach the approved AEP curriculum. We were awarded this contract because our philosophy coincided with that of the MSU AEP program and it allowed us to be paid for services that we were already providing in our center.**
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes <u>Identify specific information about experience:</u>	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Provide parenting education so that parents are prepared to deal with children once they are born.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Assist our clients with finding resources in the community that help with job preparation, and job placement. We offer relationship education and support for our clients and promote marriage.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	We offer abstinence education in the schools where we promote abstinence until marriage and offer information on making good relationship choices. This same information is shared with all our STD testing clients.
Encouraging the formation and maintenance of two-parent families	Provide abstinence and relationship education and advocate for abstinence until marriage.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc. Our organization has a board of directors made up of 5 members currently. Our Director, assistant to the Director, and our ultrasounographer make up the paid members of our staff. All other work is performed by volunteers.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract. N/A

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Marsha J Middleton, CEO

Name and Title of Authorized Representative

Marsha J Middleton  
Signature

08/17/2016  
Date

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Amanda Patterson, Executive Director

Name and Title of Authorized Representative

  
Signature

3-2-10  
Date

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Alternatives Clinic (LCCW) – Region 3

Marsha Middleton

From:LIFE CHOICE CENTER

To:18558565240

03/08/2016 16:48 #594 P.005/013

RFPS30034901600477

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**EXHIBIT C**

**CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Linda Freeland, Executive Director

Name and Title of Authorized Representative

Linda Freeland 3/7/16

Signature

Date

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Donna Nicholson Director  
Name and Title of Authorized Representative

Donna Nicholson 3/8/14  
Signature Date

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Margaret Nollsch - Director

Name and Title of Authorized Representative

Margaret Nollsch

Signature

3/8/14

Date

RFPS30034901600477

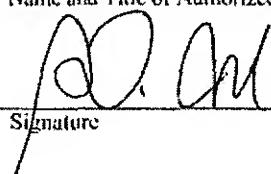
Page 62

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

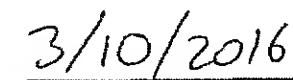
The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

George D. Heib, Executive Director, Free Women's Center of Pulaski County

Name and Title of Authorized Representative



Signature



Date

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EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Amy Ackman - Houseparent

Name and Title of Authorized Representative

Amy Ackman

Signature

3/9/16

Date

RFPS30034901600477

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**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Melanie Mills, Center Director

Name and Title of Authorized Representative

Melanie Mills

Signature

3/7/16

Date

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Lifeline Pregnancy Care Center – Region 5

Marsha Middleton

Mar. 14, 2016 3:11PM LIFELINE PCC

No. 0194 P. 5

RFPS30034901600477

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EXHIBIT C

CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of this proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Lori Amato, Executive Director, Lifeline Pregnancy Care Center

Name and Title of Authorized Representative

Lori Amato

Signature

3-14-16

Date

RFPS30034901700042

Alliance for Life – Missouri, Inc  
Lifeline Pregnancy Help clinic – Region 2

Marsha Middleton

Mar. 3, 2016 1:26PM Lifeline Pregnancy Help Clinic

No. 2357 P. 5

RFPS30034901600477

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EXHIBIT C

CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Breanne Hunt, Executive Director

Name and Title of Authorized Representative

Breanne Hunt

Signature

3/2/16

Date

RFPS30034901600477

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EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

THEODORE BOLDIN, JR. VICE PRESIDENT OF OPERATIONS  
Name and Title of Authorized Representative

Theodore Boldin, Jr.  
Signature

03/10/2016  
Date

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Peggy Forrest, Executive Director  
Name and Title of Authorized Representative

Peggy Forrest 3/2/16  
Signature Date

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EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Mary K Seewald, Nurse Manager

Name and Title of Authorized Representative

Mary K Seewald, Nurse Manager 3/10/16

Signature

Date

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Options Clinic – Region 7

Marsha Middleton

FROM : LIVING ALTERNATIVES PREGNANCY FAX NO. :

Mar. 16 2016 04:00PM F3

RFPS30034901600477

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EXHIBIT C

CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Jeanie Williams, Exec Dir

Name and Title of Authorized Representative

Jeanie Williams

(Signature)

3/2/16

Date

RFPS30034901600477

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EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Michelle Scherer, Executive Director  
Name and Title of Authorized Representative

Michelle Scherer  
Signature

3/8/2016  
Date

RFPS30034901600477

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**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Kimberly Costello, Development Director  
Name and Title of Authorized Representative

Kimberly Costello  
Signature

3/14/16  
Date

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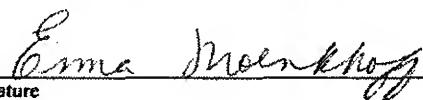
**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Erma Moenkhoff/ Executive Director

Name and Title of Authorized Representative

Signature



3/3/2016

Date

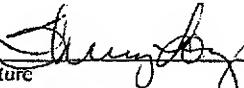
RFPS30034901600477

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EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Sherry Long, Administrator  
Name and Title of Authorized Representative

 Date 3-8-16  
Signature Date

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**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Brandi Janett, Executive Director  
Name and Title of Authorized Representative

Signature



Date

3/10/14

**EXHIBIT C****CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Laura B. Pennington, executive director

Name and Title of Authorized Representative

Signature

01/28/10

Date

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Kathy Edwards CEO  
Name and Title of Authorized Representative

Kathy Edwards  
Signature

March 8, 2016  
Date

RFPS30034901600477

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EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Carol Dunk Director  
Name and Title of Authorized Representative

Carol Dunk 3/14/16  
Signature Date

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Regina L. Wooten AzA Administrator  
Name and Title of Authorized Representative

Regina L. Wooten 3/13/16  
Signature Date

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Tri-County Pregnancy Resource Center – Region 7

Marsha Middleton

Mar 15 16 02:09p

Tri County pregnancy

4176780035

p.5

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**EXHIBIT C**

**CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION**

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Rebecca Haine, Director  
Name and Title of Authorized Representative

Rebecca Haine  
Signature 3-10-16  
Date

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Alliance for Life – Missouri, Inc.</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	State of Missouri, Office of Administration, Commissioner's Office
Address of Reference Company/Client:	State Capitol Building, Room 125, Jefferson City, MO 65101
Reference Contact Person Name, Phone #, and E-mail Address:	Emily Kraft, 573-751-8502, Emily.Kraft@oa.mo.gov
Title/Name of Service/Contract	Alternatives to Abortion Program
Dates of Service/Contract:	June 2006 to present
If service/contract has terminated, specify reason:	
Size of Service such as:	Approximately 6400 unduplicated clients served since June 2006.
<input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	95%
Description of Services Performed, such as:	Serve the State of Missouri Alliance for Life sub-contracts with its affiliate ministries across Missouri to fulfill the requirements of the contract. See <i>sub-contractors completed Exhibit D</i> .
<input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	Marsha Middleton, CEO, Alternatives to Abortion Program Director Carrie Hoelscher, Alternatives to Abortion Program Manager

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Alpha House – Region 7

Marsha Middleton

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Alpha House</b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	July 2015 - Current
If service/contract has terminated, specify reason:	
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Currently 20 clients are enrolled July 2015 – current \$7,451.13
Size of Service/Contract (in terms of vendor's total amount of business)	\$13,000
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Counties served: Polk, Cedar, Dade, Dallas, Hickory Population approx.: 80,000 Provide services to help women in unplanned pregnancies through case management, material assistance, parenting & relationship classes, financial assistance
Personnel Assigned to Service/Contract (include position title):	Casey Stinley – Client Services Director Amanda Patterson – Executive Director

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Life Choice Center For Women d.b.a Alternatives Clinic (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract:	Alternatives to Abortion
Dates of Service/Contract:	FY 2007 – Present
If service/contract has terminated, specify reason:	
Size of Service such as:	9
✓ Number of Individuals Being Served	\$12,717.04
✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	7%
Description of Services Performed, such as:	Population Served: 1,439,641 Counties Served: Cass, Bates, Jackson, Vernon & Johnson Services Performed: Case management, material assistance, parenting classes and financial assistance. Duties: Provide case management, classes, material assistance, referrals, financial assistance & provide reporting to AFL and the State. Objective: To reduce the number of abortions in our region.
Personnel Assigned to Service/Contract (include position title):	Linda Freeland, Non-Professional Case Manager, Point of Contact Angie Preston, Professional Case Manager, Program Administrator Teresa Haffner, Professional Case Manager Stephanie Surls, Non- Professional Case Manager

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Bethany Christian Services of Missouri (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	July 2015 – Current
If service/contract has terminated, specify reason:	
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Average 80-100 clients/year
Size of Service/Contract (in terms of vendor's total amount of business)	\$30,000
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	*Expectant mothers: parent advocacy & education, pregnancy counseling, adoption education, financial assistance  *Entire State of Missouri  *Provide education & support so expectant mothers maintain a healthy pregnancy, have the resources they need to care for their baby or have the resources they need to make an informed adoption plan.
Personnel Assigned to Service/Contract (include position title):	Aimee Travers, Program Supervisor; Bree Hampton, Pregnancy Counselor; Tiffany Donohue, Pregnancy Counselor; Andrea Reynolds, Regional Specialist; Kim Stewart, Regional Specialist; Donna Nicholson, Branch Manager

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Care Net Pregnancy Resource Center (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as:	
<input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as:	116,975 Pregnancy tests, pregnancy/parenting one-on-one classes, material assistance Newton & McDonald Counties
Personnel Assigned to Service/Contract (include position title):	Margaret Nollsch, Director

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Free Women’s Center – Region 5

Marsha Middleton

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Free Women’s Center of Pulaski County (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	Alternatives to Abortion (A2A) Program
Dates of Service/Contract:	1 August 2011 – current
If service/contract has terminated, specify reason:	
Size of Service such as:	40 current clients ~80 Annually
✓ Number of Individuals Being Served	
✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	29%
Description of Services Performed, such as:	Serve Pulaski and surrounding Counties (50,000)  Provide pregnancy testing, limited diagnostic ultrasound, peer counseling, financial and material assistance, prenatal education & parenting classes, adoption referral, post-abortion counseling, and abstinence until marriage education.  Empower individuals to make life-affirming choices based on the intrinsic value of human life.
✓ Population Served	
✓ Type of Services Performed	
✓ Geographic Area Served	
✓ Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	George Heib, Executive Director; Amanda Boberg, Client Services Director; Heather Trusty, Professional Case Manager, RN, BSN; Sarah Mize, Professional Case Manager, RN, BSN; and Danielle Fowers, Professional Case Manager, RN

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Genesis House Maternity Home – Region 2

Marsha Middleton

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> Genesis House of NE Missouri (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as:	We serve between 3-5 clients per year
<input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	\$68,000
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as:	We serve homeless pregnant women by providing housing, food, transporation & offering classes in parenting, budgeting, nutrition, and we help them find jobs.  We serve all of Missouri
Personnel Assigned to Service/Contract (include position title):	Amy Ackman, House Parent

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Golden Valley Door of Hope (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract:	Alternatives to Abortion
Dates of Service/Contract:	July 2014 – current
If service/contract has terminated, specify reason:	
Size of Service such as:	28 individual clients served over contract period \$12,000 per year
✓ Number of Individuals Being Served	
✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	Contract serves approximately 10% of GVDH's clientele per year. Funding is approximately 10% of our center's budget each year.
Description of Services Performed, such as:	Serving need/under-resourced families providing prenatal and parenting education as well as resources and referrals.  Serving Henry, St. Clair, Cass, and Pettis Counties  Objective is to strengthen families by providing education supports.
✓ Population Served	
✓ Type of Services Performed	
✓ Geographic Area Served	
✓ Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	Melanie Mills, Center Director

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Lifeline Pregnancy Care Center (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	Alternatives to Abortion (A2A) Program
Dates of Service/Contract:	August 1 2011 - present
If service/contract has terminated, specify reason:	
Size of Service such as:	8 current clients ~20 Annually
✓ Number of Individuals Being Served	
✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	25%
Description of Services Performed, such as:	Serve Crawford, Franklin and Gasconade Counties (150,000)  Provide pregnancy testing, limited diagnostic ultrasound, care counseling, financial and material assistance, prenatal education & parenting classes, adoption referral, post-abortion counseling, and abstinence until marriage education.  Empower individuals to make life-affirming choices based on the intrinsic value of human life.
✓ Population Served	
✓ Type of Services Performed	
✓ Geographic Area Served	
✓ Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	Lori Amato, Executive Director  Sherry King, Executive Assistant  Angela Crawford, Professional Case Manager

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Lifeline Pregnancy Help Clinic (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	July 2015 – Current
If service/contract has terminated, specify reason:	
Size of Service such as:	Serving approximately 25 women/year with contract
<input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	\$28,000
Description of Services Performed, such as:	Providing case management and prenatal and parenting education to abortion vulnerable facing unexpected pregnancies. Northeast Missouri counties served – Adair, Knox, Macon, Putnam, Sullivan, Schuyler, Scotland
<input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	Breanne Hunt – Executive Director  Kris Polovich, RN – Nurse manager  Patty Jordan, RN – Clinic Nurse

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Metro Pregnancy Resource Services – Region 6

Marsha Middleton

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> Metro Associates Inc (MAI) Operating as Metro Pregnancy Resource Services (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as:	75-150
<input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as:	Population served is over 200,000 Urban South St. Louis, MO Provide services through various programs for community care, growth, education, health and revitalization
Personnel Assigned to Service/Contract (include position title):	Pat Upchurch, Executive Director

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Our Lady's Inn (if reference is for a Subcontractor):</b>		
<b>Reference Information (Current/Prior Services Performed For:)</b>		
Name of Reference Company/Client:	MO Alliance for Life	
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034	
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>	
Title/Name of Service/Contract	Alternatives to Abortion	
Dates of Service/Contract:	7/1/14 – 6/30/16	
If service/contract has terminated, specify reason:		
Size of Service such as:	Approx. 130 women annually	
<input checked="" type="checkbox"/> Number of Individuals Being Served		
<input checked="" type="checkbox"/> Total Annual Value/Volume		
Size of Service/Contract (in terms of vendor's total amount of business)	A2A represented 8% of the clients served in the 2014-2015 grand allocation	
Description of Services Performed, such as:	Our Lady's Inn serves women, ages 18 and over, who are homeless and pregnant, including women who have other dependent children. Operating two maternity homes, we are able to shelter 30 families at a time. We provide: a safe home; pre- and post-natal nursing care; counseling and case management; vocational and educational guidance; housing and addictions treatment referrals; and essential basic needs such as food, clothing, baby items and furniture. Additionally, we provide classes on budgeting, childbirth, smoking cessation, breastfeeding, well-baby care, and sexuality. We also network with a variety of agencies in the community such as Parents as Teachers and Nurses for Newborns. The geographic area is primarily the St. Louis metropolitan area including St. Charles, Lincoln and Warren Counties. The specific objective is to provide housing and services to high-risk pregnant women to try to ensure a healthy pregnancy and delivery of their babies. Healthy pregnancies and delivery of healthy full term babies have a positive impact on reduction of the infant mortality rate which is much too high in Missouri. We do this by providing the comprehensive services listed above.	
Personnel Assigned to Service/Contract (include position title):	Mary Laubengayer, St. Louis Program Director Angelica O'Neill, St. Charles Program Director Helen Risse, MSN, Staff Nurse	Kathy Pimmel, RN, Staff Nurse Belinda James, MSW, Counselor

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Pregnancy Care Center (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	
If service/contract has terminated, specify reason:	
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Since 2012 PCC has served 56 clients through the A2A program. Currently the program is serving 17 clients
Size of Service/Contract (in terms of vendor's total amount of business)	5% of clients actively involved in PCC programming elect to participate in the A2A program
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Pregnant females ages 12-35 and acknowledged fathers of baby. Services specific duties: Professional and non-professional case management assessment (initial and ongoing), mentoring, healthy pregnancy, nutrition, labor & birth, parenting classes, assistance w/emergency housing, utilities, material resources. A2A Geographic Area Served #7 – Barry, Christian, Greene, Lawrence, Polk, Stone, Webster
Personnel Assigned to Service/Contract (include position title):	Lisa McIntire, Chief Executive Officer; Kimberly Costelo, Director of Development; Janet Doss, A2A Coordinator

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Pregnancy Resource Center of Mt. Grove (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract:	Alternatives to Abortion
Dates of Service/Contract:	7/2012 – 6/2016
If service/contract has terminated, specify reason:	
Size of Service such as:	Approx. 25-30%
✓ Number of Individuals Being Served	\$17,387.26
✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	Approx. 30+ clients for the 2016 cycle ending June 2016
Description of Services Performed, such as:	The A2A program allows us to provide one-on-one professional case management, classes and resources to those clients who are most abortion-vulnerable. These clients are educated on topics such as smoking cessation, safe sleep and birth spacing. Referrals are given for adoption agencies if the client feels they are unable to parent their child. They receive monthly follow up and needs are addressed such as making sure they have adequate housing, health insurance, food, gas/transportation, and continual screenings are performed for domestic violence concerns. Through A2A we have provided clients assistance with pursuing their GED or enrolling in college courses and finding jobs. We have also been able to assist clients with new baby items above and beyond what we might normally receive in donations, such as a new pack-and-play if baby does not have a safe place to sleep.
Personnel Assigned to Service/Contract (include position title):	Brandi Jarrett, Executive Director Rachelle Garrison, RN, BSN, Nurse Manager

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Pregnancy Resource Center of Mt. Grove (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	7/2012 – 6/2016
If service/contract has terminated, specify reason:	
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Approx. 25-30% \$17,387.26
Size of Service/Contract (in terms of vendor's total amount of business)	Approx. 30+ clients for the 2016 cycle ending June 2016
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	The A2A program allows us to provide one-on-one professional case management, classes and resources to those clients who are most abortion-vulnerable. These clients are educated on topics such as smoking cessation, safe sleep and birth spacing. Referrals are given for adoption agencies if the client feels they are unable to parent their child. They receive monthly follow up and needs are addressed such as making sure they have adequate housing, health insurance, food, gas/transportation, and continual screenings are performed for domestic violence concerns. Through A2A we have provided clients assistance with pursuing their GED or enrolling in college courses and finding jobs. We have also been able to assist clients with new baby items above and beyond what we might normally receive in donations, such as a new pack-and-play if baby does not have a safe place to sleep.
Personnel Assigned to Service/Contract (include position title):	Brandi Jarrett, Executive Director Rachelle Garrison, RN, BSN, Nurse Manager

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Queen of Peace Center (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri Department of Mental Health
Address of Reference Company/Client:	1706 East Elm Street, Jefferson City, MO
Reference Contact Person Name, Phone #, and E-mail Address:	Nora Bock, Director of Community Treatment 573-751-8104, nora.Bock@dmh.mo.gov
Title/Name of Service/Contract:	Director of Community Treatment, Division of Behavior Health
Dates of Service/Contract:	1991-present
If service/contract has terminated, specify reason:	N/A
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	Approximately \$2 million contract Served approximately 2,500 individuals
Size of Service/Contract (in terms of vendor's total amount of business)	30% of agency budget
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	-A typical individual seeking our services is a female between the ages of 18-35, did not graduate high school, unemployed, uninsured, a trauma survivor and lives with a co-occurring disorder. -we offer a comprehensive array of services for women, children and their families including treatment, housing, prevention, education and health services. -St. Louis area
Personnel Assigned to Service/Contract (include position title):	Lara B. Pennington, Executive Director

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Rachel House – Region 3

Marsha Middleton

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: Rachel House PRC (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	July 1 – June 30 annually
If service/contract has terminated, specify reason:	
Size of Service such as:	80-90 annually
<input checked="" type="checkbox"/> Number of Individuals Being Served	Through A2A 90 % of clients using – about 7% of positive test clients
<input checked="" type="checkbox"/> Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	\$75,000
Description of Services Performed, such as:	Population Served: Services offered in the great Kansas City Area approximately 1 million  Types of Services: Pregnancy tests, ultrasounds, education, referrals  Duties: Accurate recording & reporting of data
Personnel Assigned to Service/Contract (include position title):	Alissa Gross, VP Client Services Kelly Jones, Education Manager

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

**Vendor Name or Subcontractor Name: Riverways Pregnancy Resource Center  
(if reference is for a Subcontractor):**

**Reference Information (Current/Prior Services Performed For:)**

Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract:	Alternatives to Abortion
Dates of Service/Contract:	7/1/2015 – 6/30/2016
If service/contract has terminated, specify reason:	
Size of Service such as:	10 \$700/person
✓ Number of Individuals Being Served	
✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	\$7,000
Description of Services Performed, such as:	Provide case management, educational programs, community referrals, supplies to assist women in Dent County in continuing their pregnancies.  <del>To improve pregnancy outcomes, encourage healthy choices, and promote self-sufficiency</del>
✓ Population Served	
✓ Type of Services Performed	
✓ Geographic Area Served	
✓ Vendor's specific duties and strategic objective	
Personnel Assigned to Service/Contract (include position title):	Carol Duck, Director Paula Scheck, Professional Case Manager, RN

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
ThriVe St. Louis – Region 6

Marsha Middleton

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: ThriVe St. Louis (if reference is for a Subcontractor):</b>	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton 816-806-4168, <a href="mailto:marsha@allianceforlifemissouri.com">marsha@allianceforlifemissouri.com</a>
Title/Name of Service/Contract:	Alternatives to Abortion
Dates of Service/Contract:	FY 2005 - present
If service/contract has terminated, specify reason:	
Size of Service such as:	YTD 25 <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume \$64,848.80
Size of Service/Contract (in terms of vendor's total amount of business)	As it pertains to FY 2015 and ThriVe St. Louis as a whole, 2.08%
Description of Services Performed, such as:	Within the A2A program, clients in high financial need are served. Our goal within this program is to come alongside abortion minded/abortion vulnerable women and set goals in order to bring them to a better financial situation and have positive pregnancy outcomes
Personnel Assigned to Service/Contract (include position title):	Regina Wooten – Prof Case manager & Program Administrator Julie Guariglia – Prof Case manager Carolyn Kuntz – Prof Case manager Carla Hagan – Prof Case manager

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> Tri-County Pregnancy Resource Center (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri State University Abstinence Education Program
Address of Reference Company/Client:	901 S. National Ave Springfield, MO 65897
Reference Contact Person Name, Phone #, and E-mail Address:	Carrie Lines, 417-836-5645, <a href="mailto:clines@missouristate.edu">clines@missouristate.edu</a>
Title/Name of Service/Contract	FYI for Teens and Parents, Sexual Risk Avoidance Education
Dates of Service/Contract:	2014-2015 to present
If service/contract has terminated, specify reason:	
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	2015 – approx. 430 students Approx. \$7,000.00
Size of Service/Contract (in terms of vendor's total amount of business)	10%
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	8th-10 <sup>th</sup> grade, male and female Monett, Verona, Aurora MO Education Send in Subcontractor Instructors to teach 8 day curriculum approved
Personnel Assigned to Service/Contract (include position title):	Mark Holland, instructor Karen Helling, instructor Vee Ann Prevo, instructor

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s)</b>	<b>2-9</b>
<b>Name of Person:</b>	Marsha Middleton
Educational Degree (s): include college or university, major, and dates	High school graduate; college courses.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Heartbeat Life-Affirming Specialist/Consultant
Specialized Training Completed.	Non-Profit Board of Directors Trainer/Consultant
# of years experience in area of service proposed to provide:	Over 26 years experience in the area of pregnancy care services, management and administrative with 9 ½ years specifically with the Alternatives to Abortion program.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of the Alliance for Life for 8 years.
Describe this person's responsibilities over the past 12 months.	Serve as the CEO for the Alliance for Life. Serve as the Alternatives to Abortion Program Director providing overall oversight for the contract and services provided.
Previous employer(s), positions, and dates	Rachel House Pregnancy Resource Center, Alternatives to Abortion Manager 2006 to 2007. Self-employed 2005 to 2007. Laclede County PSC Executive Director 1990 to 2005.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Taught parenting classes through role at the Pregnancy Center.
✓ Family/marital counseling	
✓ Social work	
✓ Case management	Worked with clients of the Pregnancy Center.
✓ Program administration	Executive Director of the Pregnancy Center. Managed the Alternatives to Abortion Program for a Pregnancy Center. Currently overseeing the Alternatives to Abortion Program and serving as CEO developing and administering programs and services for our affiliates through AFL.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Contract Representative <b>Geographic Region(s)</b> 2-9	
<b>Name of Person:</b>	Carrie Hoelscher
Educational Degree (s): include college or university, major, and dates	3 years of college in psychology and applied sciences.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed:	
# of years experience in area of service proposed to provide:	1 ½ years as AFLMO ATA Program Manager
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 1 ½ years
Describe this person's responsibilities over the past 12 months.	Monitoring, invoicing, and review of the ATA program services and database.
Previous employer(s), positions, and dates	The Powell Family Foundation and Keen Foundation, administrative assistant, 1998 – 2008.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Preschool teacher
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	1998 – 2008 and 2014 to present

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s)</b> <u>7</u>	
<b>Name of Person:</b>	Casey Stinley
Educational Degree (s): include college or university, major, and dates	B. S. Southwest Baptist Univ in Psychology & Criminal Justice, May 2008
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	36 hour edu. M.S. mental health counseling
# of years experience in area of service proposed to provide:	2
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee Client Services Director 2 years
Describe this person's responsibilities over the past 12 months.	A2A case management, data entry
Previous employer(s), positions, and dates	Humansville R-IV Schools, '08 – '12 Guidance Counselor
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	'05-'08 various classes on development (undergrad)
✓ Family/marital counseling	'11 grad class "Marriage & Family", practicum w/couples
✓ Social work	'13-present Client Services Director
✓ Case management	'13-present Client Services Director
✓ Program administration	'13-present Client Services Director

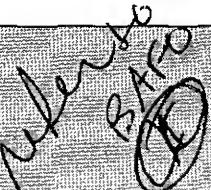
**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s)</b> <u>7</u>	
<b>Name of Person:</b>	Kryschell Bel
Educational Degree (s): include college or university, major, and dates	RN, St. John's School of Nursing, May 1994
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN 131694, April 2017
Specialized Training Completed.	Fetal Monitor Certified Breast Feeding Educator Certified Baby Massage Educator
# of years experience in area of service proposed to provide:	21
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer
Describe this person's responsibilities over the past 12 months.	A2A intakes, post-partum depression scale, birthing outcomes
Previous employer(s), positions, and dates	CMH 1994-2014: Med-Surg '94-'95 Birth Place '95-'07 Edu. Services '07-'14
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Oldest child of 9, Edu. In infant development '95-'07
✓ Family/marital counseling	
✓ Social work	Edu. In social work class '90-'91
✓ Case management	
✓ Program administration	Childbirth Program Supervisor '07-'14, Nursing Orientation Program Admin '07-'14

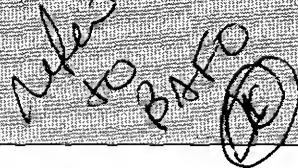
**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

 <b>Title of Position:</b> Contract Representative	
<b>Geographic Region(s)</b> 3	
<b>Name of Person:</b>	Angie Preston
Educational Degree (s): include college or university, major, and dates	Bachelor of Science – Nursing, 1996, Univ of Missouri-Columbia, Sinclair School of Nursing
License(s)/Certification(s), #(s), expiration date(s), if applicable:	State of MO Registered Professional Nurse - 143372, expires 4/30/17
Specialized Training Completed.	Crisis Pregnancy Coaching Series 101 & 102 – Light University
# of years experience in area of service proposed to provide:	9
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor A2A Program 9 years
Describe this person's responsibilities over the past 12 months.	Case Management & Program Administrator
Previous employer(s), positions, and dates	Heartland Hospice 2005-present Adrian Manor 1999-2006
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	Case management for A2A 2006-present
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

 <b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s) _____ 3 _____</b>	
Name of Person:	Linda Freeland
Educational Degree (s): include college or university, major, and dates	Webster University BA-Management, 1998 Johnson County Community College, AA-Business Admin.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Crisis Pregnancy Coaching, series 101 & 201, Light University
# of years experience in area of service proposed to provide:	7
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor A2A program 9 years
Describe this person's responsibilities over the past 12 months.	Case Management, Point of Contact
Previous employer(s), positions, and dates	Children International, Telecommunications Marketing Manager 2002-2006 Marketing Coordinator 1999-2002 Senior Marketing Asst. 1997-1999
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	Case management for A2A, 2001-present
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s)</b>	<b>6</b>
<b>Name of Person:</b>	Brycsyn Hampton
Educational Degree (s): include college or university, major, and dates	DePaul University, BA in Sociology, 2000
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	4 ½
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Pregnancy counselor at Bethany that works in a program that utilizes the A2A fund program 9 months
Describe this person's responsibilities over the past 12 months.	Pregnancy counselor that counsels, supports, & educates moms on adoption & parenting options for their unborn babies
Previous employer(s), positions, and dates	N/A
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	4 ½ years
✓ Case management	4 ½ years
✓ Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s)</b>	<b>6</b>
<b>Name of Person:</b>	Aimee Travers
Educational Degree (s): include college or university, major, and dates	Master of Arts in Counseling, Covenant Theological Seminary, 2004
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	12
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	12 years, supervise the programs at Bethany that utilize the A2A fund program
Describe this person's responsibilities over the past 12 months.	Supervise pregnancy counseling, parent advocacy, adoption, and SafeFamilies for Children programs
Previous employer(s), positions, and dates	N/A
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	2004-present
✓ Case management	2004-present
✓ Program administration	2013-present

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s)</b>	7
<b>Name of Person:</b>	Margaret Nollsch
Educational Degree (s): include college or university, major, and dates	AA Degree G.S. Cochise College 1990
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Care Net Peer Counseling
# of years experience in area of service proposed to provide:	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Affiliate with Alliance For Life since 2011
Describe this person's responsibilities over the past 12 months.	Center Director
Previous employer(s), positions, and dates	Care net Pregnancy Center Cochise County, Assistant Director, '03-'08
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	Peer counseling 2001-current, pregnancy center
<input checked="" type="checkbox"/> Case management	
<input checked="" type="checkbox"/> Program administration	Pregnancy center director 2011-current

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s) _____ 7 _____</b>	
<b>Name of Person:</b>	Lisa Brown
Educational Degree (s): include college or university, major, and dates	APRN Degree May '10, Penn Valley Community College, Kansas City
License(s)/Certification(s), #(s), expiration date(s), if applicable:	MO RN 2010022047, expires 2017
Specialized Training Completed.	Will be graduating in Aug '16 with Bachelor Degree in Nursing
# of years experience in area of service proposed to provide:	
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	3 ½ years Lisa runs our ultrasounds
Describe this person's responsibilities over the past 12 months.	Ultrasounds
Previous employer(s), positions, and dates	Freeman Hospital 5/10-10/12 Access Medical Care 2012-current
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	'12-current educate on chronic illness & community referrals
✓ Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s)</b> <u>5</u>	
<b>Name of Person:</b>	George D. Heib
Educational Degree (s): include college or university, major, and dates	Business Administration, BS, Campbell University, 1983
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	30+ years military & professional career experience
# of years experience in area of service proposed to provide:	Same as above
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor program Point of Contact & Administrator
Describe this person's responsibilities over the past 12 months.	Non professional case manager Subcontractor Administrator / Database Review
Previous employer(s), positions, and dates	U.S. Army 1983-2003 Concurrent Technologies 2003-2010
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	5 yrs as Executive Director
✓ Case management	4 ½ yrs as a Non-Professional Case Manager
✓ Program administration	30+ yrs experience in military, industry, nonprofit organization

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Contract Representative <b>Geographic Region(s)</b> 5	
<b>Name of Person:</b>	Danielle Fowers, RN
Educational Degree (s): include college or university, major, and dates	ASN, Brigham Young Univ., 1992 BSN, Brigham Young Univ., 2017
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	2
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor Professional Case Manager
Describe this person's responsibilities over the past 12 months.	Professional Case Manager
Previous employer(s), positions, and dates	None
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	3 years
<input checked="" type="checkbox"/> Family/marital counseling	3 years
<input checked="" type="checkbox"/> Social work	2 years
<input checked="" type="checkbox"/> Case management	2 years
<input checked="" type="checkbox"/> Program administration	none

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Contract Representative <b>Geographic Region(s):</b> _____ 2 _____	
<b>Name of Person:</b>	Margaret Ernest
Educational Degree (s): include college or university, major, and dates	Masters of Science in Nursing, 2012
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN, license #107525 Family Nurse Practitioner, license #2013007665
Specialized Training Completed.	Family Nurse Practitioner
# of years experience in area of service proposed to provide:	Dec 2012 – March 2016
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Board of Directors of Genesis House
Describe this person's responsibilities over the past 12 months.	Care of wellness health, disease management & chronic illness of the family from birth to death.
Previous employer(s), positions, and dates	Northeast Regional Medical Center 1996 – current
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Registered nursing education with specialty training in family medicine
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	Masters of Business, William Woods University

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 2</b>	
<b>Name of Person:</b>	Amy Ackman
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	2 ½ years working as a house parent 7 ½ years as a parent
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	I have worked with Genesis House for 2 ½ years
Describe this person's responsibilities over the past 12 months.	Caring for all household duties, teaching parenting classes, attending Drs appts, anything that needs done requiring residential care.
Previous employer(s), positions, and dates	Former owner of The Good Book-Christian book store 2004-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s)</b> <u>3</u>	
<b>Name of Person:</b>	Melanie Mills
Educational Degree (s): include college or university, major, and dates	Bachelor of Social Work, Park University 2012-2015
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	3
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer 1 year Employee 2 years
Describe this person's responsibilities over the past 12 months.	Director of GVDH's Pregnancy Center
Previous employer(s), positions, and dates	Community Employment 2011-2012 Bella Vita Salon & Spa 2011-2012 Cato 2009-2010
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	Bachelor's Degree, past 4 years
✓ Case management	Past 2 years
✓ Program administration	Past 2 years

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s):</b>	3
<b>Name of Person:</b>	Dolores Tillman
Educational Degree (s): include college or university, major, and dates	Registered Nurse
License(s)/Certification(s), #(s), expiration date(s), if applicable:	License # 030169
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	30+ years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Head Nurse
Describe this person's responsibilities over the past 12 months.	Works with Dr. on all medical services provided by our clinic
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s):</b> _____ 5 _____	
<b>Name of Person:</b>	Angela Crawford
<b>Educational Degree (s):</b> include college or university, major, and dates	Master of Social Work, 2010 BS in Sociology in Organizational Leadership, 2007
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	
<b>Specialized Training Completed.</b>	
<b># of years experience in area of service proposed to provide:</b>	15+ years
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee, 1 year
<b>Describe this person's responsibilities over the past 12 months.</b>	Client case management, counseling advocacy, resource development
<b>Previous employer(s), positions, and dates</b>	
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	15+ years
<input checked="" type="checkbox"/> Case management	15+ years
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s): 5</b>	
<b>Name of Person:</b>	Lori Amato
<b>Educational Degree (s): include college or university, major, and dates</b>	Bedford University, Master's Christian Counseling, 9/1/2007
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	Certified through AACC Association of Christian Counselors, Expires 1/1/2017
<b>Specialized Training Completed.</b>	
<b># of years experience in area of service proposed to provide:</b>	10
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Affiliate of Alliance for Life and a subcontractor of Alternatives to Abortion since 2011
<b>Describe this person's responsibilities over the past 12 months.</b>	Center Executive Director/A2A Program Manager
<b>Previous employer(s), positions, and dates</b>	First Baptist Church, Cuba MO, Office Manager 2001-2004
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	Family & Marital Counseling 2001-current
<input checked="" type="checkbox"/> Social work	Social work/client Advocate for Lifeline PCC 2004-current
<input checked="" type="checkbox"/> Case management	Case manager for Lifeline PCC & A2A program 2007-current
<input checked="" type="checkbox"/> Program administration	Program Manager/Executive Director for Lifeline PCC & A2A 2011-current

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s):</b> <u>2</u>	
<b>Name of Person:</b>	Breanne Hunt
Educational Degree (s): include college or university, major, and dates	MBA – TUI University, 2008
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	CPR, Protective Factors Framework
# of years experience in area of service proposed to provide:	8
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Have worked with Alliance for Life as Subcontractor for A2A program for the past 8 years
Describe this person's responsibilities over the past 12 months.	Organizational and Program Administration
Previous employer(s), positions, and dates	Preferred Family Healthcare, Prevention Program Coordinator 2006-2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Oversight of education program, licensed foster parent
✓ Family/marital counseling	
✓ Social work	
✓ Case management	Oversight of client case management for various programs
✓ Program administration	8 years as Executive Director

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s): _____ 2 _____</b>	
<b>Name of Person:</b>	Kristine Polovich, RN
Educational Degree (s): include college or university, major, and dates	BSN, University of Missouri, 1988
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Registered Nurse, License #128590
Specialized Training Completed.	CPR, Protective Factors Framework, ultrasound certified
# of years experience in area of service proposed to provide:	4
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Served as professional case manager for A2A for 3 years
Describe this person's responsibilities over the past 12 months.	Professional case management and assessment of A2A clients
Previous employer(s), positions, and dates	University of Missouri Hospital, OR Nurse
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Clinic prenatal parenting educator, certified sonographer
✓ Family/marital counseling	
✓ Social work	
✓ Case management	3 yrs A2A case management experience
✓ Program administration	3 yrs as clinic manager, client services oversight

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s):</b> <u>6</u>	
<b>Name of Person:</b>	Pat Upchurch
Educational Degree (s): include college or university, major, and dates	BS in Business Administration & Management Informational Systems
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Crisis counseling: Relationship Family Educator
# of years experience in area of service proposed to provide:	13
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor
Describe this person's responsibilities over the past 12 months.	Establishing Metro Pregnancy Resource Services
Previous employer(s), positions, and dates	Pregnancy Resource Centers, ThriVe St. Louis, Director/VP 1998-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Instructor 2002 – present
✓ Family/marital counseling	Facilitator/Mentor 2002 – present
✓ Social work	A2A 2006 – 2013
✓ Case management	A2A 2006 – 2013
✓ Program administration	Pregnancy center programs/services & A2A 2000 - present

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Credentialed Case Manager <b>Geographic Region(s):</b> _____ 6 _____	
<b>Name of Person:</b>	Carrie Head, RN
Educational Degree (s): include college or university, major, and dates	St. Louis Univ. School of Nursing Diploma 1996 Assoc. Applied Science, Nursing, Community College 1986
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License # 105036 Pregnancy Counseling Certificate – PRC of Greater St.Louis 2001
Specialized Training Completed.	Instructor: CAN, CMT, Level med.insulin, home health nursing – precertification analyst
# of years experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor
Describe this person's responsibilities over the past 12 months.	Prenatal/postnatal education, Client advocacy, case management
Previous employer(s), positions, and dates	PRC 2001 – present Almost Home 2012 - present
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	Instructor
<input checked="" type="checkbox"/> Family/marital counseling	Facilitation @ PRC
<input checked="" type="checkbox"/> Social work	Case management in hospital, home health & pregnancy center
<input checked="" type="checkbox"/> Case management	Case management in hospital, home health & pregnancy center
<input checked="" type="checkbox"/> Program administration	Fulfilled program requirements that we participated in

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s):</b> 6	
<b>Name of Person:</b>	Angelica O'Neill, MA, NCC
Educational Degree (s): include college or university, major, and dates	BA, General Studies, Univ of St. Thomas, Houston TX 2000 Masters, Professional Counseling, Lindenwood Univ, 2009
License(s)/Certification(s), #(s), expiration date(s), if applicable:	National Certified Counselor; National Counseling Exam, May 2010-present
Specialized Training Completed.	Early childhood development, childhood abuse, neglect, grief, trauma, divorce and emotional disturbances including family interventions.
# of years experience in area of service proposed to provide:	12
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee tenure began in July 2011
Describe this person's responsibilities over the past 12 months.	Management, Supervising & training of staff; development of policies, procedures & treatment plans, accreditation & compliance reviews.
Previous employer(s), positions, and dates	Crider Health Center, school based mental health specialist, 2010-2011 Foster Care case manager, 2006-2010 Healthy Families Initiative, Community Support Worker, 2005-2006 TX Dept of Family & Protective Services, Invest. caseworker, 2004-2005
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Taught and modeled appropriate infant/child care, development and interactions between mom and child through Healthy Families curriculum, 2005-2006
✓ Family/marital counseling	Worked with children experiencing grief and loss of family members through death, incarceration & neighborhood violence, 2009-2011
✓ Social work	2004-present, see above work history
✓ Case management	2004-present, see above work history
✓ Program administration	2012-present, OLI, see the above responsibilities over the past 12 mos.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
Geographic Region(s): <u>6</u>	
<b>Name of Person:</b>	Helen Risse, RN, BSN, MSN
Educational Degree (s): include college or university, major, and dates	Assoc. Degree in Nursing, Meramec, 1970 BSN in Nursing, 1976 MSN, SLU, 1986
License(s)/Certification(s), #(s), expiration date(s), if applicable:	License #054465 <a href="http://www.nursys.com">www.nursys.com</a>
Specialized Training Completed.	ASPO/Lamaze, childbirth educator
# of years experience in area of service proposed to provide:	30
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Her tenure began in 2003
Describe this person's responsibilities over the past 12 months.	Education & support to clients & staff, class development, stats monitoring, client and newborn assessments, referral support
Previous employer(s), positions, and dates	St. Mary's Health Center, 1974-1977, 1985-present St. Louis Comm. College at Forest Park, 1978-1980
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	Nursing background and work experience
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	
<input checked="" type="checkbox"/> Program administration	Head Nurse 1978-1985-managed personnel, hiring and staff development Interim Director, St. Mary's Women's Well, oversaw outpatient care, Co-administered the Southern Illinois Perinatal Grant

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel.)

<b>Title of Position:</b> Contract Representative <b>Geographic Region(s):</b> 7	
<b>Name of Person:</b>	Lacey Wallace
Educational Degree (s): include college or university, major, and dates	2011 Drury University, Bachelor's of Science in Psychology/Sociology
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	26 hours completed in Clinical Mental Health Grad program
# of years experience in area of service proposed to provide:	Pastoral Ministries for 13 years Currently in Graduate Program @ Evangel Univ.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employoed w/Options Pregnancy Center since 2012
Describe this person's responsibilities over the past 12 months.	Executive Director/oversees the day to day operation of OPC
Previous employer(s), positions, and dates	Cross Point Church (current) Ava Elementary School 2004 - 2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	Worked in preschool...no specialized degree
<input checked="" type="checkbox"/> Family/marital counseling	Pastoral counseling w/couples and families
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	
<input checked="" type="checkbox"/> Program administration	Current administrator for OPC

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Credentialled Case Manager <b>Geographic Region(s):</b> _____ 7 _____	
<b>Name of Person:</b>	Mary K. Seewald
Educational Degree (s): include college or university, major, and dates	LPN, graduated 1992, Clovis, CA
License(s)/Certification(s), #(s), expiration date(s), if applicable:	LPN License # 2012010987, expires 5/16
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	3
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Nurse manager / Treasurer / Financial Secretary / Employee 1 year / Subcontractor 2 years
Describe this person's responsibilities over the past 12 months.	A2A Contact
Previous employer(s), positions, and dates	LPN since 1992 – 2007 Labor & Delivery / NICU & Pediatrics Self employed CFO 1999-2016 trucking company
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Pediatric clinic, lead nurse 2008-2010
✓ Family/marital counseling	Life experience 1984-2010
✓ Social work	Worked & assisted social workers 1992-2010
✓ Case management	Management of clients 1992-2010 and present
✓ Program administration	Nurse manager at OPC

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Options Pregnancy Center – Region 7

Marsha Middleton

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s):</b> 7	
<b>Name of Person:</b>	Jeanie Williams
Educational Degree (s): include college or university, major, and dates	BS in Education
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	12
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 12 years
Describe this person's responsibilities over the past 12 months.	Oversight for ATA program and staff
Previous employer(s), positions, and dates	Ridgecrest Baptist Church, Full-time children's minister 1998 - 2004
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	18 years working with birth to 6 <sup>th</sup> grade 1986 to 2004 Director of Ministry
<input checked="" type="checkbox"/> Family/marital counseling	2004 to present – working with clients of Options Clinic
<input checked="" type="checkbox"/> Social work	2004 to present – working with clients of Options Clinic
<input checked="" type="checkbox"/> Case management	1986 to present – working in leadership/administration in all previous and current positions.
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s):</b> _____ 7 _____	
<b>Name of Person:</b>	Christina Todd
Educational Degree (s): include college or university, major, and dates	Bachelor of Arts in Christian Counseling The Baptist College of Florida, May 2001
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for almost 2 years
Describe this person's responsibilities over the past 12 months.	Responsible for managing A2A budget, data entry, client services, and case management
Previous employer(s), positions, and dates	Southeastern Baptist Theological Seminary-Administrative Asst. to VP, 2002-2004 SpectraCare Mental Health Services-Behavior Specialist & Mental Health Therapist, May 2001-Aug 2002
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Behavior Specialist & Mental Health Therapist for children 5/2001-8/2002
✓ Family/marital counseling	Counseling Internship for family & marital counseling 5/2000-8/2000, 2003-2005
✓ Social work	
✓ Case management	Handling case management for various jobs over 15 yrs
✓ Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative &amp; Credentialed Case Manager</b>	
<b>Geographic Region(s): 9</b>	
<b>Name of Person:</b>	Michelle Scherer
Educational Degree (s): include college or university, major, and dates	Southeast Missouri State University Bachelor of Science, Major Social Work, Minor Psychology, May 1980 Master of Arts, Psychological Counseling, May 1982
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	McGeorge School of Law, Trained as Social Security Disability Hearing Officer, May 1992
# of years experience in area of service proposed to provide:	2 ½ years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed by Options for Women for 2 ½ yrs
Describe this person's responsibilities over the past 12 months.	Serve as client advocate and director past 12+ months
Previous employer(s), positions, and dates	Safe House for Women, Exec. Dir., 6/2012-11/2013 Vocational Rehabilitation/Disability Determinations for the State of MO, 6/1982-6/2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	Worked with clients with disabilities for 30 yrs for State of MO, 1982-2012. Worked with victims of domestic violence 6/2012-11/2013
<input checked="" type="checkbox"/> Case management	Same as above
<input checked="" type="checkbox"/> Program administration	Administered disability program at state level from 2005 through 2012

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Contract Representative <b>Geographic Region(s):</b> _____ 7	
<b>Name of Person:</b>	Cheryl Barratt
Educational Degree (s): include college or university, major, and dates	RN ASN, Northshore Community College, 1988
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	28
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Nurse, 13 yrs
Describe this person's responsibilities over the past 12 months.	Professional Case Manager
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development <input checked="" type="checkbox"/> Family/marital counseling <input checked="" type="checkbox"/> Social work <input checked="" type="checkbox"/> Case management <input checked="" type="checkbox"/> Program administration	Completes intake and assessments for the A2A program

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 7</b>	
<b>Name of Person:</b>	Janet Doss
Educational Degree (s): include college or university, major, and dates	Bachelors (BES) in Rehabilitation Services, Univ of MO – Columbia, 1981 Masters (MEd) in Counseling, Univ of MO – Columbia, 1982
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	A2A Coordinator, since 2012
Describe this person's responsibilities over the past 12 months.	Program service provision
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	10 yrs of counseling experience
✓ Social work	
✓ Case management	10 yrs of case management experience
✓ Program administration	A2A services since 2012

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s): 4</b>	
<b>Name of Person:</b>	Erma Moenkhoff
Educational Degree (s): include college or university, major, and dates	BS Sociology, UCM, 1995 MS Social Gerontology, UCM, 1997
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	6
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed for 6 yrs
Describe this person's responsibilities over the past 12 months.	Supervision of staff and volunteers, public relations, program development, staff training and working with clients
Previous employer(s), positions, and dates	Depts of Mental Health & Senior Services, 1978-2003
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s):</b> <u>4</u>	
<b>Name of Person:</b>	Julie Dorman
Educational Degree (s): include college or university, major, and dates	4 Year University; Nursing
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Registered Nurse
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	40 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor with Alliance for Life; Affiliate of Alliance for Life.
Describe this person's responsibilities over the past 12 months.	Responsible for ATA initial enrollment and required screenings.
Previous employer(s), positions, and dates	Camden County Health Department, RN
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	Works with the PHC clients enrolling and assessing for ATA
<input checked="" type="checkbox"/> Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
Geographic Region(s): 7	
<b>Name of Person:</b>	Sherry Long
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	Crisis Pregnancy 101 & 201,Lighthouse Univ. Motivational Interviewing, Skill Bldg. Training, UMSL-MIMH
# of years experience in area of service proposed to provide:	6 ½
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 6 ½ years
Describe this person's responsibilities over the past 12 months.	Administrative duties, A2A program manager, referral assistance, client advocate, staff supervision, orientation and training to staff/volunteers, grant writing
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	Facilitate classes on early childhood development
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	Crisis intervention support, referral assistance/support, client assessments & evaluations, identify needs of client & family unit
<input checked="" type="checkbox"/> Program administration	A2A management and compliance

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s):</b> <u>7</u>	
<b>Name of Person:</b>	Melanie Peck, RN
Educational Degree (s): include college or university, major, and dates	Associates Degree in Nursing, Black Hawk College, Moline IL, 1976
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN, License # 2005034871, expires 4/30/2017
Specialized Training Completed.	Crisis Pregnancy 101 & 201 – Lighthouse Univ Sonography Now Intensive Care Unit Nurse Orientation Born Drugged, The Aftermath of Pregnancy & Substance Abuse, College of the Ozarks
# of years experience in area of service proposed to provide:	13
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of PLL
Describe this person's responsibilities over the past 12 months.	Supervise medical services for PLL, pregnancy testing, limited ultrasounds, A2A client assessments, evaluate client needs, conduct EDPS, responsible paternity educ, develop and maintain training curriculum
Previous employer(s), positions, and dates	Care Net Pregnancy Center of the Upper Valley, West Lebanon NH, Nurse Manager, 2003-2005 Dartmouth-Hitchcock Medical Center, ICU Staff Nurse, Renal Dialysis Nurse, Clinical Coordinator, 1979-2005
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Facilitate classes on early childhood development, provide American Heart Association Infant CPR and First Aid
✓ Family/marital counseling	
✓ Social work	
✓ Case management	PLL: Crisis intervention, assess for post-partum depression and domestic violence, service referrals, identify client needs
✓ Program administration	While at Dartmouth-Hitchcock Medical Center: hiring/firing of staff, staff & patient scheduling, worked with Drs regarding care for patients, assisted in launch of satellite dialysis unit.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s):</b> 8	
<b>Name of Person:</b>	Brandi Jarrett
Educational Degree (s): include college or university, major, and dates	BS in Psychology & Sociology, Drury Univ, 2004
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	NIFLA Institute in Limited Obstetric Ultrasound, Director's Track, August 2015
# of years experience in area of service proposed to provide:	10
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Subcontractor
Describe this person's responsibilities over the past 12 months.	Oversee A2A program, supervise Professional Case Managers, Center Director
Previous employer(s), positions, and dates	Self Employed Medical Transcriptionist, 2012-9/2014 Paralegal/Supervisor, Parmele Law Firm, 2002-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Degree work included courses in family and marriage counseling, 10 hrs post grad work towards Masters in counseling
✓ Family/marital counseling	
✓ Social work	10 yrs managing disabling cases & working w/ social service agencies to provide resources to clients when at law firm.
✓ Case management	PRC case management, peer counseling
✓ Program administration	A2A program and Exec. Director at PRC

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 8</b>	
<b>Name of Person:</b>	Rachelle Garrison
Educational Degree (s): include college or university, major, and dates	BSN, SBU St. John's College of Nursing, 2011 ASN, SBU St. John's College of Nursing, 12/2005
License(s)/Certification(s), #(s), expiration date(s), if applicable:	License #2006007263
Specialized Training Completed.	Institute in Limited Obstetric Ultrasound Training through NIFLA
# of years experience in area of service proposed to provide:	11
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 1 ½ yrs
Describe this person's responsibilities over the past 12 months.	Teach prenatal education classes, provide ultrasounds, manage A2A program
Previous employer(s), positions, and dates	Hospice Compassas, 2006-2014 Mercy Hospital, 2013 – present PRC of Mt Grove, 2014 – present
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	Hospice 2006-2014, PRC 2014-2016
<input checked="" type="checkbox"/> Program administration	PRC A2A program 2014-present

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s):</b> <u>6</u>	
<b>Name of Person:</b>	Lara B. Pennington
<b>Educational Degree (s):</b> include college or university, major, and dates	Master of Social Work, SLU 2010
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	N/A
<b>Specialized Training Completed.</b>	Addiction, Recovery Coaching, Business Management
<b># of years experience in area of service proposed to provide:</b>	9 years
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	9 years employed at Queen of Peace Center, Executive Director for 4.5 years, Program Development for 4.5 years
<b>Describe this person's responsibilities over the past 12 months.</b>	Management of staff, financials, board relations, fundraising, etc
<b>Previous employer(s), positions, and dates</b>	Barnes-Jewish Hospital, Adult Psychiatry, Clinical Social Work Intern 2008-2009 Pennington Shea, L.C., Legal Assistant 2004-2007
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	BSCO, MSCO – 9 yrs experience 2008-present
<input checked="" type="checkbox"/> Case management	
<input checked="" type="checkbox"/> Program administration	4.5 yrs experience – 2012-present

**EXHIBIT E., continued**

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s):</b> <u>6</u>	
<b>Name of Person:</b>	Patricia Heiser
Educational Degree (s): include college or university, major, and dates	M.A. Counseling 2009 SIVE
License(s)/Certification(s), #(s), expiration date(s), if applicable:	2011 LPC 2011030266 6/2017
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	13 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	2009 Children's Therapist 2011 Women's Counselor
Describe this person's responsibilities over the past 12 months.	Director of Clinical Operations
Previous employer(s), positions, and dates	2009-2013 St. Vincent Home and School Therapist
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	2003-2013 Children's Therapist
✓ Family/marital counseling	2011-2013 Family Therapist
✓ Social work	Since 2003
✓ Case management	Since 2003
✓ Program administration	Since 2013

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s): 3</b>	
<b>Name of Person:</b>	Kelly Jones
Educational Degree (s): include college or university, major, and dates	RN, KCKCC, 5/2001 Associates of Science, 5/2009
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Missouri RN, License #2003025206
Specialized Training Completed.	ACLS Instructor, BLS Instructor, AHA Instructor
# of years experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employed at RH 1 ½ yrs
Describe this person's responsibilities over the past 12 months.	Illuminate Manager of education, coordinates classes and curriculum. Oversees IPCPs, invoice and data entry
Previous employer(s), positions, and dates	2012-2015 AHA Instructor, BLGH; 2008-2012 Anesthesia Coordinator and recovery charge nurse, St. Lukes; Neurosurgeon private nurse & brain tumor board RN, KUPI, 2005-2007
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	School nurse '03-'05, taught growth and development seminars, clinical rotations at KU pediatric and Truman OB
✓ Family/marital counseling	Premarital counseling done on volunteer basis at my church
✓ Social work	While in hospital setting-psychiatric referrals, at RH – refer for social need/concerns, incident reports for client needs and safety
✓ Case management	At public schools worked with students with specific medical needs, in rehab hospital dept worked with rehab staff to determine patient current and future needs
✓ Program administration	Charge nurse duties, administer classes with instructors, compilation of info and future plan treatments while working with KU tumor board, A2A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Credentialed Case Manager</b>	
<b>Geographic Region(s): 3</b>	
<b>Name of Person:</b>	Michelle Emerick
Educational Degree (s): include college or university, major, and dates	Bachelors in Social Work, UCM, 2012
License(s)/Certification(s), #(s), expiration date(s), if applicable:	First Aid & CPR certified, License #01130143146, expires 5/31/17
Specialized Training Completed.	Trauma Informed Care, May 2013
# of years experience in area of service proposed to provide:	4
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee for 2 yrs
Describe this person's responsibilities over the past 12 months.	Teach prenatal classes, manage volunteers, conduct program intakes, provide case management
Previous employer(s), positions, and dates	CAPA, case manager, 2012-2013
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	CAPA, Rachel House, 2014-2016
✓ Family/marital counseling	CAPA, Rachel House, 2014-present
✓ Social work	CAPA, Rachel House, 2014-present
✓ Case management	CAPA, 2012-2013
✓ Program administration	

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s): 5</b>	
<b>Name of Person:</b>	Carol Durk
Educational Degree (s): include college or university, major, and dates	MS College Student Personnel, Western Illinois Univ, 1995 BS in Biology, Alma College, 1992
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	15
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, Director 7 yrs
Describe this person's responsibilities over the past 12 months.	Supervise and administer programs & services of Riverways PRC, coordinate client services, supervise volunteers
Previous employer(s), positions, and dates	Loving Arms Crisis Pregnancy Center, Asst. Dir., 2001-2007 Univ of MO – Rolla, Coordinator Academic Enhancement Service & Resident Director, 1995-2000
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development <input checked="" type="checkbox"/> Family/marital counseling <input checked="" type="checkbox"/> Social work <input checked="" type="checkbox"/> Case management <input checked="" type="checkbox"/> Program administration	
	2001-present
	1995-present

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Credentialed Case Manager <b>Geographic Region(s):</b> 5	
<b>Name of Person:</b>	Paula Schenck
Educational Degree (s): include college or university, major, and dates	Elmhurst College Nursing BSN 1977
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN MO License # 2006033487, expires 4/30/17
Specialized Training Completed.	1 <sup>st</sup> trimester ultrasound 6/2014
# of years experience in area of service proposed to provide:	4
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer, provides professional case management
Describe this person's responsibilities over the past 12 months.	Professional Case manager, volunteer
Previous employer(s), positions, and dates	Loving Arms Crisis Pregnancy Center, Asst. Dir., 2001-2007 Univ of MO – Rolla, Coordinator Academic Enhancement Service & Resident Director, 1995-2000
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	2001-present
✓ Program administration	

RFPS30034901700042

Alliance for Life – Missouri, Inc.  
Riverways Pregnancy Resource Center – Region 5

Marsha Middleton

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Contract Representative <b>Geographic Region(s):</b> 6	
Name of Person:	Regina Wooten
Educational Degree (s): include college or university, major, and dates	BA Psychology, SWBU, 2003 MS Education/Counseling, MOBAP 2009
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	8 ½ yrs
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of ThriVe since 10-2007
Describe this person's responsibilities over the past 12 months.	Program administrator for A2A program, oversee all case workers, funding for program, database management
Previous employer(s), positions, and dates	ORAN Enterprises, Tax professional assistant, 2004-2009 Noah's Ark, Manager & Teacher, 2002-2004
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Education (minor), worked at Noah's Ark Preschool as a teacher and manager, 2002-2004
✓ Family/marital counseling	
✓ Social work	
✓ Case management	A2A case manager & program administration 2007-present
✓ Program administration	A2A case manager & program administration 2007-present

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Credentialed Case Manager <b>Geographic Region(s):</b> <u>6</u>	
<b>Name of Person:</b>	Julie Guariglia
Educational Degree (s): include college or university, major, and dates	BES Counseling/Human Resources, MU, 1983 MA Counseling & Psychology, MU 1987
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	15+
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of ThriVe, 5yrs Volunteer of ThriVe, 10 yrs
Describe this person's responsibilities over the past 12 months.	Case management
Previous employer(s), positions, and dates	N/A per this scope of work
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Tutor/coordinator of "Reading Club" tutoring program, Family involvement, support, financial assistance, etc 2001-present,
✓ Family/marital counseling	Tutor/coordinator of "Reading Club" tutoring program, Family involvement, support, financial assistance, etc 2001-present,
✓ Social work	A2A case manager 2011 – present Reading Club Coordinator/tutor 2001-present
✓ Case management	A2A case manager 2011 – present Reading Club Coordinator/tutor 2001-present
✓ Program administration	Reading Club Coordinator, 2009-present

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b>	
<b>Geographic Region(s):</b> 7	
<b>Name of Person:</b>	Rebecca Haine
Educational Degree (s): include college or university, major, and dates	Associate in Health Sciences, Covenant Life College 1994-1996
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Certified Direct Entry Midwife, CDM, expiration 2004
Specialized Training Completed.	Non profit management
# of years experience in area of service proposed to provide:	10 yrs
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Director of TCPRC for 6 ½ yrs
Describe this person's responsibilities over the past 12 months.	Day to day running of TCPRC, fundraising, non profit management
Previous employer(s), positions, and dates	Pregnancy Care Center, Admin Asst, 2008-2010 Painter & Decorator in family owned business, 2002-present Office Mgr/Medical Biller, Dr. Pauluk, Psy.D., 2005-2008
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	O'level child development
✓ Family/marital counseling	
✓ Social work	
✓ Case management	Case management with clients
✓ Program administration	6 ½ yrs as Director of TCPRC

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position:</b> Credentialed Case Manager <b>Geographic Region(s):</b> 7	
<b>Name of Person:</b>	Allison Scharbach
Educational Degree (s): include college or university, major, and dates	Capella Univ, Bachelors in Psychology, May 2016
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	4 yrs schooling 3 yrs volunteer work
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Volunteer
Describe this person's responsibilities over the past 12 months.	
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development <input checked="" type="checkbox"/> Family/marital counseling <input checked="" type="checkbox"/> Social work <input checked="" type="checkbox"/> Case management <input checked="" type="checkbox"/> Program administration	Volunteering at OACAC – Headstart 2015-2016

Minority Business  
Enterprise(MBE)/Women Business  
Enterprise(WBE) Participation,  
Organizations for the Blind and Sheltered  
Workshop Preference, and/or Missouri  
Service-Disabled Veteran Business  
Enterprise Participation

**MBE/WBE, Blind and Sheltered Workshop, MO Service-Disabled Participation –**

AFLMO is not participating in the MBE/WBE, blind and sheltered workshop or MO Service-Disabled programs therefore Exhibit I and J have not been included.

## Proposed Method of Performance

**Method of Performance**

The Method of Performance is outlined in the following order:

**Method of Performance – Exhibit F**

**Attachment 01**

**Attachment 02**

**Implementation Plan – Exhibit G**

**Client Scenario – Exhibit H**

**Exhibit Revised by Addendum #1****EXHIBIT F****METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. For each geographic region proposed, identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location/satellite location.

AFLMO projects to add another 2 to 5 subcontractors over the next 3 years to serve more clients across Missouri especially in areas that are underserved. The Missouri Health Department's vital statistics report (*Attachment #01*) shows that two-thirds of Missouri's abortions occur in three areas: St. Louis City, St. Louis County and Jackson County. The AFLMO has lead agency subcontractors located in each of these three areas. Each lead agency has multiple satellite centers providing the necessary proximity to the majority of clients to be served. Women learn of services through the methods listed below under Marketing of Services. A client initiates services by setting up an appointment for a pregnancy test with the nearest AFLMO subcontractor. Initial contact can occur through a local phone number, hot-line toll free phone number, email, texting, or walk-in. Locations are accessible to persons with disabilities. If necessary, a client can receive help with transportation expenses. All services are offered at no cost to client.

**GEOGRAPHIC REGION 2**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	Lifeline Pregnancy Help Clinic, Kirksville Genesis House of NE Missouri – Edina
Identify the satellite location(s)	
Describe the geographic proximity of the services being proposed to the majority of the clients served. The majority of clients served come from within the county where the sub-contractor is located.	
Describe how women initially access service and locate the service location/satellite location. Through the sub-contractor's own website, the Missouri's Alternatives to Abortion website, through phone contact and walk-ins.	

**GEOGRAPHIC REGION 3**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	Life Choice Center for Women d.b.a. Alternatives Clinic, Harrisonville Golden Valley Door of Hope, Clinton Rachel House, Lee's Summit,
Identify the satellite location(s)	Rachel House, Grandview Rachel House, Independence Rachel House, North Kansas City Rachel House, Kansas City
Describe the geographic proximity of the services being proposed to the majority of the clients served. The majority of clients served come from within the county where the sub-contractor is located.	
Describe how women initially access service and locate the service location/satellite location. Through the sub-contractor's own website, the Missouri's Alternatives to Abortion website, through	

phone contact and walk-ins.

**GEOGRAPHIC REGION 4***(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	Pregnancy Help Center of Lake of the Ozarks, Camdenton
Identify the satellite location(s)	
Describe the geographic proximity of the services being proposed to the majority of the clients served. The majority of clients served come from within the county where the sub-contractor is located.	
Describe how women initially access service and locate the service location/satellite location. Through the sub-contractor's own website, the Missouri's Alternatives to Abortion website, through phone contact and walk-ins.	

**GEOGRAPHIC REGION 5***(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	Lifeline Pregnancy Care Center, Cuba Free Women's Center, Waynesville Riverways PRC, Salem
Identify the satellite location(s)	
Describe the geographic proximity of the services being proposed to the majority of the clients served. The majority of clients served come from within the county where the sub-contractor is located.	
Describe how women initially access service and locate the service location/satellite location. Through the sub-contractor's own website, the Missouri's Alternatives to Abortion website, through phone contact and walk-ins.	

**GEOGRAPHIC REGION 6***(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	Bethany Christian Services, St. Louis Metro Associates Inc. (Metro Pregnancy Resource Services), St. Louis Our Lady's Inn, St. Louis Queen of Peace Center, St. Louis ThriVe, St. Louis
Identify the satellite location(s)	Our Lady's Inn, St. Charles Thrive, St. Peters Thrive, Bridgeton
Describe the geographic proximity of the services being proposed to the majority of the clients served. The majority of clients served come from within the county where the sub-contractor is located.	
Describe how women initially access service and locate the service location/satellite location. Through the sub-contractor's own website, the Missouri's Alternatives to Abortion website, through phone contact and walk-ins.	

**GEOGRAPHIC REGION 7***(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

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Identify the service location:	Alpha House PRC, Bolivar Care Net Pregnancy Resource Center – Neosho Options Pregnancy Center, Ava Options Clinic, Branson Pregnancy Care Center, Springfield Pregnancy Lifeline, Branson West Tri-County Pregnancy Resource Center, Aurora
Identify the satellite location(s)	Care Net Pregnancy Resource Center - Pineville
Describe the geographic proximity of the services being proposed to the majority of the clients served. The majority of clients served come from within the county where the sub-contractor is located.	
Describe how women initially access service and locate the service location/satellite location. Through the sub-contractor's own website, the Missouri's Alternatives to Abortion website, through phone contact and walk-ins.	

**GEOGRAPHIC REGION 8**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	Pregnancy Resource Center, Mountain Grove
Identify the satellite location(s)	
Describe the geographic proximity of the services being proposed to the majority of the clients served. The majority of clients served come from within the county where the sub-contractor is located.	
Describe how women initially access service and locate the service location/satellite location. Through the sub-contractor's own website, the Missouri's Alternatives to Abortion website, through phone contact and walk-ins.	

**GEOGRAPHIC REGION 9**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the service location:	Options for Women, Cape Girardeau
Identify the satellite location(s)	
Describe the geographic proximity of the services being proposed to the majority of the clients served. The majority of clients served come from within the county where the sub-contractor is located.	
Describe how women initially access service and locate the service location/satellite location. Through the sub-contractor's own website, the Missouri's Alternatives to Abortion website, through phone contact and walk-ins.	

2. For each geographic region proposed, describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients

The AFLMO and subcontractors estimate to serve 865 clients on an annual basis through the Alternatives to Abortion grant in 8 geographic areas across Missouri. The subcontractors of AFLMO cover 76 counties in MO. According to the U.S. Census Bureau's 2010 - 2014 Community Survey, 21.5% of Missouri's children live in poverty, and they indicated that 15.6% of Missouri's families live below the poverty line. In the counties AFLMO serves, 43 have a higher family poverty rate, than the state. Along with addressing poverty, some of AFLMO's key targets are teen births and child abuse and neglect. The CDC reported of MO's Birth Data in 2014, 27.2% were teen births per 1,000

live births to females aged 15-19. AFLMO is also reaching some of the counties with the state's highest child abuse and neglect rates, serving 6 out of the 10 highest that have a rate higher than the state's rate of 35.9% out of 1,000 according to the 2013 Missouri Kids Count report.

Subcontractors address cultural diversity by providing materials written in Spanish maintaining contact information for individuals who may serve as interpreters for the clients and enlisting help from a large contract network of social service agencies and organizations to address individual needs and situations as they arise. Because these organizations are already well-linked to the community in which they serve and have well-established collaborations with social services sites, family help organizations, food pantries, public and private schools, faith-based organizations and other non-profits, AFLMO and its subcontractors are able to be responsive to the needs of each individual.

#### **GEOGRAPHIC REGION 2**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Describe the demographic profile of the at-risk population to be served.

Women of child-bearing age, of all races, at or below the 185% poverty level, at-risk for abortion and father of the baby if present.

Describe outreach strategies for reaching the targeted population.

Websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion marketing.

#### **GEOGRAPHIC REGION 3**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Describe the demographic profile of the at-risk population to be served.

Women of child-bearing age, of all races, at or below the 185% poverty level, at-risk for abortion and father of the baby if present.

Describe outreach strategies for reaching the targeted population.

Websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion marketing.

#### **GEOGRAPHIC REGION 4**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Describe the demographic profile of the at-risk population to be served.

Women of child-bearing age, of all races, at or below the 185% poverty level, at-risk for abortion and father of the baby if present.

Describe outreach strategies for reaching the targeted population.

Websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion marketing.

#### **GEOGRAPHIC REGION 5**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Describe the demographic profile of the at-risk population to be served.

Women of child-bearing age, of all races, at or below the 185% poverty level, at-risk for abortion and father of the baby if present.

Describe outreach strategies for reaching the targeted population.

Websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion marketing.

#### **GEOGRAPHIC REGION 6**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

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Marsha Middleton

<p>Describe the demographic profile of the at-risk population to be served.  <b>Women of child-bearing age, of all races, at or below the 185% poverty level, at-risk for abortion and father of the baby if present.</b></p>	
<p>Describe outreach strategies for reaching the targeted population.  <b>Websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion marketing.</b></p>	
<b>GEOGRAPHIC REGION 7</b>	
<p><i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i></p>	
<p>Describe the demographic profile of the at-risk population to be served.  <b>Women of child-bearing age, of all races, at or below the 185% poverty level, at-risk for abortion and father of the baby if present.</b></p>	
<p>Describe outreach strategies for reaching the targeted population.  <b>Websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion marketing.</b></p>	
<b>GEOGRAPHIC REGION 8</b>	
<p><i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i></p>	
<p>Describe the demographic profile of the at-risk population to be served.  <b>Women of child-bearing age, of all races, at or below the 185% poverty level, at-risk for abortion and father of the baby if present.</b></p>	
<p>Describe outreach strategies for reaching the targeted population.  <b>Websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion marketing.</b></p>	
<b>GEOGRAPHIC REGION 9</b>	
<p><i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i></p>	
<p>Describe the demographic profile of the at-risk population to be served.  <b>Women of child-bearing age, of all races, at or below the 185% poverty level, at-risk for abortion and father of the baby if present.</b></p>	
<p>Describe outreach strategies for reaching the targeted population.  <b>Websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion marketing.</b></p>	

3. For each geographic region proposed, describe the marketing of services.

The advantage of subcontracting with local pregnancy centers, maternity homes and adoption agencies is the ability to use outreach and marketing strategies already in place through these organizations. Through websites, billboards, Facebook ads, word of mouth, and local print media; along with the Alternatives to Abortion Program marketing approach – the target population will be reached in all parts of the state.

**Item Revised by Addendum #1**

4. For each geographic region proposed, identify the site where the Initial Client Intake Assessment will be conducted. Describe how client eligibility will be determined.

**GEOGRAPHIC REGION 2**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Lifeline Pregnancy Help Clinic, Kirksville Genesis House of NE Missouri – Edina
<p>Describe how client eligibility will be determined.</p> <p>To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the credentialed case manager. If the client meets all the requirements listed below they will be eligible:</p> <ul style="list-style-type: none"> <li>a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.</li> <li>b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.</li> </ul> <p>Each subcontractor has at least one credentialed case manager who is responsible for conducting the initial client assessment.</p>	

**GEOGRAPHIC REGION 3**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Life Choice Center for Women d.b.a. Alternatives Clinic, Harrisonville Golden Valley Door of Hope, Clinton Rachel House, Grandview, Independence, Lee's Summit, Kansas City, North Kansas City
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Describe how client eligibility will be determined.
<p>To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the credentialed case manager. If the client meets all the requirements listed below they will be eligible:</p> <ul style="list-style-type: none"> <li>a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.</li> <li>b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.</li> </ul> <p>Each subcontractor has at least one credentialed case manager who is responsible for conducting the initial client assessment.</p>

**GEOGRAPHIC REGION 4**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Pregnancy Help Center of Lake of the Ozarks, Camdenton
<p>Describe how client eligibility will be determined.</p> <p>To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the credentialed case manager. If the client meets all the requirements listed below they will be eligible:</p> <ul style="list-style-type: none"> <li>a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.</li> <li>b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.</li> </ul> <p>Each subcontractor has at least one credentialed case manager who is responsible for conducting the initial client assessment.</p>	

**GEOGRAPHIC REGION 5**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Lifeline Pregnancy Care Center, Cuba Free Women's Center, Waynesville Riverways PRC, Salem
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## Describe how client eligibility will be determined.

To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the credentialed case manager. If the client meets all the requirements listed below they will be eligible:

- a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.
- b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.

Each subcontractor has at least one credentialed case manager who is responsible for conducting the initial client assessment.

**GEOGRAPHIC REGION 6**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Bethany Christian Services, St. Louis Metro Associates Inc. (Metro Pregnancy Resource Services), St. Louis Our Lady's Inn, St. Charles, St. Louis Queen of Peace Center, St. Louis ThriVe, St. Louis, St. Peters, Bridgeton
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## Describe how client eligibility will be determined.

To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the credentialed case manager. If the client meets all the requirements listed below they will be eligible:

- a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.
- b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.

Each subcontractor has at least one credentialed case manager who is responsible for conducting the initial client assessment.

**GEOGRAPHIC REGION 7**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Alpha House PRC, Bolivar Care Net Pregnancy Resource Center – Neosho Options Pregnancy Center, Ava Options Clinic, Branson Pregnancy Care Center, Springfield Pregnancy Lifeline, Branson West Tri-County Pregnancy Resource Center, Aurora
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## Describe how client eligibility will be determined.

To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the

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client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the credentialed case manager. If the client meets all the requirements listed below they will be eligible:

- a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.
- b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.

Each subcontractor has at least one credentialed case manager who is responsible for conducting the initial client assessment.

#### **GEOGRAPHIC REGION 8**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Pregnancy Resource Center, Mountain Grove
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Describe how client eligibility will be determined.

To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the credentialed case manager. If the client meets all the requirements listed below they will be eligible:

- a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.
- b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.

Each subcontractor has at least one credentialed case manager who is responsible for conducting the initial client assessment.

#### **GEOGRAPHIC REGION 9**

*(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)*

Identify the site where the Initial Client Intake Assessment will be conducted:	Options for Women, Cape Girardeau
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Describe how client eligibility will be determined.

To determine eligibility for the ATA program, each client will make an appointment with the nearest subcontractor for a verification of pregnancy. The subcontractor will conduct the Individual Risk and Needs Assessment and Initial Client Assessment in a private mentoring room with a mentor. If the client demonstrates the need and eligibility for the ATA program, they will be appointed to meet with the credentialed case manager. If the client meets all the requirements listed below they will be eligible:

- a. Women who enroll in the program apply for MO HealthNet and the eligibility for that program has been determined before providing any services.
- b. Clients meet eligibility requirements as MO residents, are pregnant, have household income below 185% poverty level, and are choosing to carry their pregnancy to term rather than having an abortion.

Each subcontractor has at least one credentialed case manager who is responsible for conducting the initial client assessment.

5. For each geographic region proposed, provide a detailed description of the case management process. Identify the hours of service, including emergency coverage outside of business hours and weekends.

In all geographic regions proposed, the client is scheduled at a minimum of one case management visit every 30 calendar days at which time the client IPPC is reviewed and discussed. Needed updates are done to ensure the client objectives and services continue to address the needs of the client. Case management will be available at all of the subcontractor offices during normal work hours and through a hotline that is available 24 hours a day to connect at-risk clients with a provider in their area.

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6. For each geographic region proposed, provide a preliminary list and description of all prenatal and parenting education courses provided by your organization. Indicate the source of the course material

taught in each class and identify where each of the required educational components identified in paragraph 2.3.1 c. of the RFP are covered.

For all proposed geographic regions; a variety of training materials are used by the AFLMO subcontractors in conducting their individual and group class training sessions with attention to the mandatory topics of the contract. Material sources include full prenatal and parenting modules such as Earn While You Learn as well as many booklets, handouts and brochures from the MODHSS. (*Attachment #02 comprehensive list of resources*)

7. For each geographic region proposed, describe each of the services specified in section 2.3.2 of the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.

For all proposed geographic regions; the Alternatives to Abortion Program's service delivery system consists of the AFLMO as the primary contractor with the Office of Administration and the use of subcontractors throughout the state to provide the direct services of the program. Every pregnancy resource center, maternity home and adoption agency already practices case management of clients that determines eligibility, identifies problems and solutions, and prepares a plan for success. Each subcontractor provides direct services and/or makes referrals for those services they do not provide. As payer of last resort as specified through the ATA program, prenatal care, medical care, mental health care, newborn or infant care, adoption assistance, domestic abuse protection, drug and alcohol testing and treatment, and ultrasound, services/providers have been identified in each sub-contractor's area of service and referrals are provided. Child-care, clothing, educational services, food, housing, supplies, transportation, and other services often have limited funding and providers in the sub-contractors area of service. Once it is established that all referrals have been exhausted with no results for the client, AFLMO subcontractors will provide assistance. By using pregnancy centers, maternity homes and adoption agencies for the service delivery, we will be meeting the cultural competency for the clients. These agencies are ready and able to serve any client regardless of age, gender, race, religious backgrounds, language barriers etc. Many have materials in Spanish as well as English and have identified interpreters should they be needed for non-English speaking clients.

8. For each geographic region proposed, describe how your proposed program will provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

For all proposed geographic regions; through the Alternatives to Abortion program, families will be provided referrals or assistance with rent, utilities, supplies, clothing, and food, to make it possible for children to be cared for in their homes or the homes of relatives. Through case management, a care plan will be developed to identify needs and set goals toward remaining in their home.

9. For each geographic region proposed, describe how your proposed program will help to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

For all proposed geographic regions; through on-going case management, clients will be assisted to pursue job training and placement services, referrals for employment assistance, and education on the value of marriage. Men's mentoring and education programs are offered to encourage employment and support of the family.

10. For each geographic region proposed, describe how your proposed program will reduce the incidence of future out-of-wedlock pregnancies. Include your program's annual numerical goals for preventing and reducing the incidence of these pregnancies.

For all proposed geographic regions; through on-going case management and classes, clients receive education on sexual risk avoidance, STI/STD risks, healthy relationship boundaries, the value of marriage and two parent families. Some of our subcontractors work in public and private middle and high schools providing sexual risk avoidance education to as many as 30,000 students during the school year, in an effort to reduce the incidence of out-of-wedlock pregnancies. STI/STD testing is provided in some subcontractor locations which give the opportunity to educate both male and females of the risk of disease as well as the risk of pregnancy.

The CDC reported of MO's Birth Data in 2014, 27.2% were teen births per 1,000 live births to teens 15-19. Our goal each year is to see this number make a steady decline of 3 to 5 percent. Increasing the number of students educated through the healthy relationship programs, in the case management with current clients, will serve to impact this number.

11. For each geographic region proposed, describe how your proposed program will encourage the formation and maintenance of two-parent families.

For all proposed geographic regions; through the case management and classes provided, healthy relationship education that builds on the value of marriage and two-parent families will be provided. In addition, some of the subcontractors have or are developing men's mentoring programs to encourage the fathers to take responsibility and provide the support needed for the mother of his child and the child.

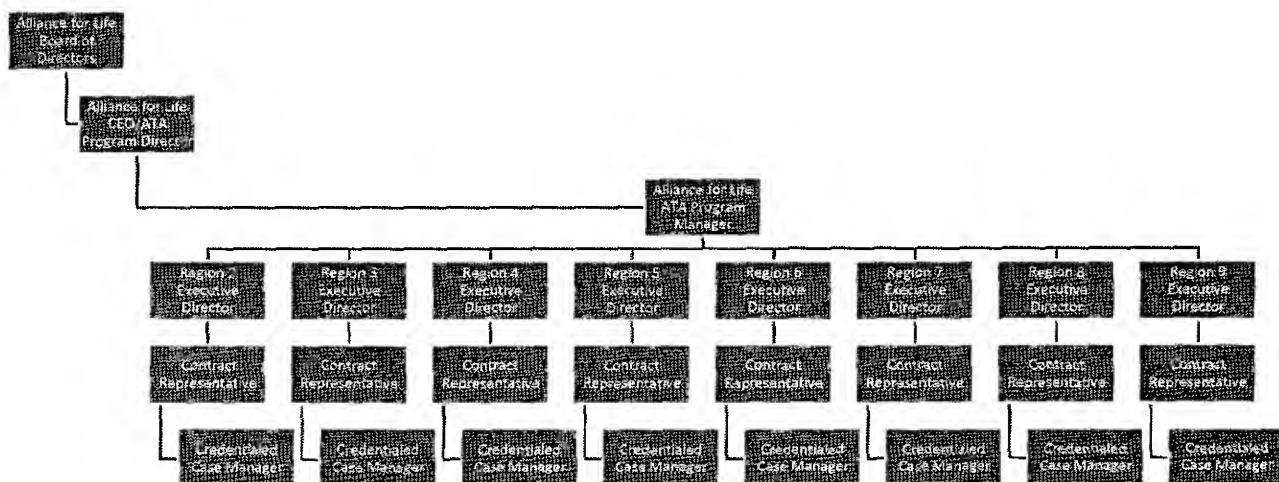
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Organizational Chart - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

- The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.

The AFLMO currently serves as the primary contractor with Office of Administration and is responsible for officially subcontracting with 18 agencies under the current contract and expanding to 23 agencies from across Missouri, including pregnancy centers, maternity homes and adoption agencies that provide direct services to the clients of the program. With the satellite locations, AFLMO will have a total of 31 provider locations.



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Alliance for Life – Missouri, Inc.

Marsha Middleton

**Alliance for Life Personnel:**

Marsha Middleton – CEO, ATA Program Director

Carrie Hoelscher – ATA Program Manager

**Alliance for Life Sub-contractors:**

Alpha House - Amanda Patterson, Executive Director

Casey Stinley, contract representative, case manager

Kryscheil Bel, credentialed case manager

LCCW d.b.a. Alternatives Clinic – Linda Freeland, Executive Director, contract representative, case manager  
Angie Preston, credentialed case manager

Bethany Christian Services – Donna Nicholson, Executive Director

Aimee Travers, contract representative, credentialed case manager

Brycsyn Hampton, credentialed case manager

Care Net PRC Neosho – Margaret Nollsch, Executive Director, contract representative, case manager  
Lisa Broom, credentialed case manager

Free Women's Center – George Heib, Executive Director, contract representative, case manager  
Danielle Fowers, credentialed case manager

Genesis House – Amy Ackman, Executive Director, contract representative, case manager  
Margaret Ernest, credentialed case manager

Golden Valley Door of Hope – Melanie Mills, Executive Director, contract representative, case manager  
Dolores Tillman, credentialed case manager

Lifeline Pregnancy Care Center – Lori Amato, Executive Director, contract representative, credentialed case manager  
Angela Crawford, credentialed case manager

Lifeline Pregnancy Help Clinic – Breanne Hunt, Executive Director, contract representative  
Kristine Polovich, credentialed case manager

Metro Associates PRC – Pat UpChurch, Executive Director contract representative, case manager  
Carrie Head, credentialed case manager

Options Pregnancy Center – Lacey Wallace, Executive Director,contract representative, credentialed case manager  
Mary Seewald, credentialed case manager

Options Pregnancy Clinic – Jeanie Williams, Executive Director, contract representative  
Christina Todd, credentialed case manager

Options for Women – Michelle Scherer, contract representative, credentialed case manager  
To be hired – credentialed case manager

Our Lady's Inn – Peggy Forrest, Executive Director

Angelica O'Neill, contract representative, credentialed case manager

Helen Risse, credentialed case manager

Pregnancy Care Center – Lisa McIntyre, Executive Director

Janet Doss, contract representative, credentialed case manager

Cheryl Barratt, credentialed case manager

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PHC of Lake of the Ozarks – Erma Moenkhoff, Executive Director, contract representative, case manager

Julie Dorman, credentialed case manager

Pregnancy Life Line – Sherry Long, Executive Director, contract representative, case manager

Melanie Peck, credentialed case manager

PRC of Mt. Grove – Brandi Jarrett, Executive Director, contract representative

Rachelle Garrison, credentialed case manager

Rachel House – Kathy Edwards, Executive Director

Kelly Jones, contract representative, case manager

Michelle Emrick, credentialed case manager

Queen of Peace – Laura Pennington, Executive Director, contract representative, credentialed case manager

Patricia Heiser, credentialed case manager

Riverways – Carol Durk, Executive Director, contract representative, case management

Paula Schenck, credentialed case manager

ThriVe St. Louis – Bridget VanMeans, Executive Director

Regina Wooten, contract representative

Julie Guariglia, credentialed case manager

Tri-County PRC – Rebecca Haine, Executive Director, contract representative, case manager

Allison Scharbach, credentialed case manager

13. Along with a detailed organizational chart, the vendor should describe the following:

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

Services of the contract will be managed, controlled and supervised to ensure satisfactory contract performance through the Alliance for Life's ATA personnel. Sub-contractors are issued a contract with the Alliance for Life that contains all contract requirements. A formal mandatory training is conducted at the beginning of the contract cycle to review all contract requirements, database processes and documentation expectations. Monthly reviews are conducted by the ATA program manager to ensure compliance by all sub-contractors. On-site visits and reviews are conducted at least twice during the 4 year cycle of the contract to ensure all documentation, files and personnel are in compliance with the contract. AFLMO is able to assess and track whether all subcontractors have full knowledge of the database system and reporting requirements to determine if additional training and oversight is needed. The subcontractors will then have an opportunity to share challenges and successes of the program within the framework of the grant implementation. This will enable the AFLMO to create or implement new strategies or find solutions in order to continue quality improvement of the program. Subcontractor's key personnel will conduct background and licensure checks and have them on file in compliance with the requirements of the Alternatives to Abortion Program.

Subcontractor's point of contact is the contract representative for their organization and is responsible to AFLMO to ensure their organization is providing satisfactory contract performance.

- Total Personnel Resources - The vendor should provide information that documents the depth of resources to ensure completion of all requirements are on time and on target. If the vendor has other

ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.

98% of the Alliance for Life Program Manager's time is dedicated to the management, control and supervision of the contract performance and ensuring completion of requirements are on time and on target.

AFLMO does not have any other ongoing contracts that require personnel resources.

14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

The ATA program has made a significant economic impact on the state of Missouri in the past several years. During the last ATA grant period (2013-2016), AFLMO was awarded and utilized \$2,230,400.00 for 4 years. With those funds, AFLMO subcontracted with 18 organizations, and was able to provide nearly 2,400 high-risk young women and children vital services at an average cost of \$900 per client.

According to National Perinatal Information System, it is estimated that on average length of stay in 2011 for newborns admitted to a special care nursery was 13.2 days. On average, late preterm infants admitted to a special care nursery had a length of stay of 4.9 days longer compared to infants born 39-41 weeks.

The average hospital charge for newborns admitted to a special care nursery was \$76,000 with charges exceeding \$280,000 for the earliest infants (<32 weeks). The majority of ATA clients are recipients of Medicaid. By participating in the ATA program and receiving the necessary prenatal care, 92% of clients have been able to avoid low birth-weight and pre-term deliveries in the past 4 years. This not only ensures healthier deliveries of babies, but it is also a significant cost savings to the state of Missouri through the Medicaid program.

Additionally, there is immeasurable savings across the state as the AFLMO collaborates with various organizations to maximize services for clients which creates a healthier community.

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

AFLMO proposed services include: case management services to assist pregnant women who are eligible for the Alternatives to Abortion program to carry to term and parent or place the baby for adoption. Through this case management process, needs are identified and referrals will be given or direct assistance provided if no other resource is available. Contract representatives and credentialed case managers are residents of the state of Missouri and employed by not-for-profit organizations within Missouri.

- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

AFLMO and its subcontractors pay Missouri employment taxes on their employees.

- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

The AFLMO and its 23 subcontractors are able to employ more than 100 jobs throughout Missouri, provide social and pregnancy related medical services in rural communities, assist in owning or leasing more than 50 properties.

**Item Inserted by Addendum #1**

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services.

GEOGRAPHIC REGION	ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED	ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CARE CLIENTS TO BE SERVED
1	0	0
2	25	2
3	270	0
4	10	0
5	133	0
6	110	43
7	228	0
8	20	0
9	24	0

**EXHIBIT G**

## **IMPLEMENTATION PLAN**

**Implementation or Readiness Plan** - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
  - **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
  - **Workhours** should indicate that time each assigned person will spend on the specific task.

**EXHIBIT H****CLIENT SCENARIO**

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

\* \* \* \* \*

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

**Narrative:**

With Jessica's initial contact, it will be determined whether there is another Alternatives to Abortion provider in closer proximity to Jessica than our organization 15 miles away from her or one within the college community where she may attend. If so, Jessica would be informed of the closer location and given the option of receiving ATA services there before proceeding with an ATA enrollment appointment. If she chooses to seek services with our organization, then Jessica would be scheduled for an initial ATA eligibility assessment. At the time of her first visit, a client record will be opened for Jessica in the state agency's system to maintain current information on services and Individualized Pregnancy Continuation Plan, which will be maintained and updated until she is discharged or dis-enrolled in the ATA program.

A credentialed case manager will assess whether Jessica meets the eligibility requirements for the program at her initial assessment by determining if Jessica is; 1) a Missouri resident, 2) establishing that her income is at or below the 185% of federal poverty level, 3) choosing to carry the pregnancy to term instead of having an abortion and 4) not receiving any other ATA services from another provider. A pregnancy test will be conducted to verify the pregnancy and provide a proof of pregnancy for taking to the local DSS office to apply for MOHealthNet.

Upon determining that Jessica is eligible for the program, the credentialed case manager will conduct the Individual Risk and Needs Assessment identifying possible abortion risks and services needed to help reduce that risk and carry the pregnancy to term. With Jessica's consent to be enrolled in the program, the credentialed case manager will complete the necessary enrollment paperwork for admission into the program as well as begin the development of the IPCP (Individualized Pregnancy Continuation Plan) with Jessica. She will leave this initial appointment with an application for MoHealthNet and WIC that includes directions for filling out and instructions on where to take it upon completion. A list of other

community referrals that can possibly meet Jessica's presenting needs of housing assistance, transportation and education needs will be given based on what is available within the community where Jessica resides or the college community. The case manager will also provide Jessica with contact information and instructions so that Jessica can contact a case manager any time 24 hours a day and 7 days a week in case of emergency. Within 24 hours of Jessica's initial visit, the case manager will develop an initial plan to address urgent issues. Within 7 days, the case manager will conduct an initial client assessment, which will include an assessment for domestic violence.

Because Jessica is unsure of whether she wants to parent or place the baby for adoption, her case manager will begin to explore both options with not only Jessica, but include her boyfriend as much as is possible. An in-depth look into what will be necessary for her or them to parent. A look at what it would be for them both to be working and parent or for Jessica to attend college and they both work and parent. Or should they choose adoption, what that will consist of while Jessica attends college and possibly both work.

Referrals to adoption agencies will be provided and if desired, an appointment will be made with an adoption specialist to discuss in greater detail what it will look like to make an adoption plan and all the options that are available in that process.

In addition, the case manager will discuss their current pressing needs and help establish a priority for addressing those needs to better equip Jessica and her boyfriend in making a decision in regards to their future. Based on whether Jessica decides to pursue her higher education will dictate where jobs and housing options will be explored. Priority would be to refer both for job training and placement services to help them find jobs to have an income.

Evaluation of Jessica's ability to pursue her higher education at this time will be done and all the community resources available to her to do so. If needed, assistance with some tuition costs and or books will be provided.

Jessica will be made aware of services that are available to her and her boyfriend through the ATA program such as parenting education which may be done through monthly individual parenting education sessions or group classes for a period of 6 to 12 months. The case manager will also refer client to MOHealthNet Prenatal Case Management program, Building Blocks of Missouri, Missouri Community-based Home Visiting program, and the Healthy Start program. If Jessica meets the requirements for the Food Stamp program, the case manager will assist her in submitting an application for that program.

Jessica will be expected to attend at a minimum one case management visit per month while enrolled in the program that will continue to evaluate her risks and needs and conduct on-going assessment of the goals that have been developed by Jessica and her case manager on her IPCP. Goals set from previous sessions will be discussed, changed if necessary, and new goals set. A constant assessment of clients largest "problems" will always be done as well as an assessment for domestic violence, as these can change from month to month and may affect client's ability to focus on previously set goals.

Should Jessica decide to attend college and housing referrals are given, if unsuccessful at securing other housing or financial assistance through other community resources, assistance with Jessica's rent may be provided for no more than 3 months within a twelve

month period while working on the development of a workable budget by Jessica and her case manager in an effort to help her get to a healthy financial place.

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Transportation options will be explored with Jessica and her boyfriend. Exploring possible charitable programs that can help Jessica and her boyfriend with a vehicle would be pursued. Identifying public transportation options in the community where they will be living and if needed, providing transportation assistance through bus passes or cab fare to get them to their jobs, college, doctor appointments, case management visits etc. Home visits will be arranged for the case manager to continue providing case management services should Jessica decide to pursue college.

Should Jessica and her boyfriend decide to parent, the case manager will assist them in applying for child-care assistance through the Department of Social Services. If denied, the case manager will assist Jessica in finding a licensed child-care provider in her area and provide assistance with the cost for a limited time while developing their budget that will cover child-care.

In preparation for the arrival of Jessica's baby, she will have the opportunity through the parenting classes to earn points which can be used in the resource room to obtain needed baby supplies. Jessica will also be referred to community organizations such as local thrift stores and clothing centers for needed material items. The case manager will assess Jessica's ability to provide a safe sleep environment for her infant. Necessary items such as diapers, wipes, safe bedding and Pak-n-play, and car seats may be purchased for Jessica if unavailable at any other community resource.

Within 6 to 8 weeks post-partum, the credentialed case manager will conduct an assessment with Jessica for post-partum depression using the Edinburgh post-partum depressions screening scale.

The case manager's ultimate goal for Jessica is a positive birth outcome and self-sufficiency by the time her baby turns one year old. While the case manager helps the client with focusing on certain areas to make goals, it is ultimately Jessica's responsibility to set and maintain these goals, budget, etc. If the goals are the case manager's goals, she will take no ownership in them. The case manager knows that what works for her own situation will not necessarily work for her client and is committed to brainstorming and "resetting" goals until a good balance is found for Jessica in order for her to achieve these goals.

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The following analysis is based on the methodology of services presented in Exhibit H Client Scenario and if all these types of services were rendered in meeting Jessica's needs. Not all clients enrolled into the ATA program require all these services and some clients may require even more services than presented in this scenario.

Price analysis for Jessica for one year of services is:

Credentialed case management initial enrollment (2 hrs)	\$
55	
Credentialed case management ongoing (4 – 1 hr visits per month x 12 mo)	\$1,320
Credentialed case management home visits (mileage 60 miles x 4 x 12 @.50)	\$1,440
Prenatal education and parenting skill, individual (4 – 1 hr visits per month x 12)	\$1,320
Establishing and Promoting Responsible Paternity (4 – 1 hr visits per month x 12)	\$1,320
Prenatal education and parenting skills, group class (2 – 1 hr visits per month x 12)	\$
660	
Resources such as diapers, safe sleep Pak n play, car seat	\$ 200
Housing assistance (\$600 x 3 months)	\$1,800
Transportation (monthly bus pass x 2 x 3 months @ \$60 per month	\$ 360
Child-care	\$ 400
Tuition fees/book fees	\$ 500
	\$9,175

Total price: \_\_\_\_\_ \$9,175.00 \_\_\_\_\_ (provide a price analysis)

**Miscellaneous Submittal Information**

1. Affidavit of Work Authorization and Documentation. Alliance for Life – MO meeting the section 285.525 RSMO definition of a “business entity” has completed the Affidavit of Work Authorization and enrolled in the E-Verify federal work authorization program. All subcontractors have completed the Affidavit of Work Authorization and verified enrollment in the E-Verify program or similar work authorization program already in place as demonstrated in Exhibit K.
2. Debarment Certification - AFLMO is not presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation, or otherwise excluded from or ineligible for participation under federal assistance programs as demonstrated in Exhibit L.
3. Miscellaneous Information - AFLMO does not manufacture or perform services outside of the United States and does not have a conflict of interest with the State of Missouri. AFLMO is registered with the Secretary of State as demonstrated in Exhibit M.

**Exhibit K****Exhibit L****Exhibit M****Attachment 8**

**2014 Demographics of At-Risk Population**

Pregnancy Statistics for the State of Missouri

Outcome: Abortions

<b>County/City</b>	<b>Number</b>	<b>Percent of Total</b>	<b>County/City</b>	<b>Number</b>	<b>Percent of Total</b>
St.Louis County	1,979	24.3	Butler County	19	0.2
Jackson County	1,796	22.1	Clinton County	20	0.2
St. Louis City	1,070	13.2	Dunklin County	20	0.2
Clay County	450	5.5	Miller County	15	0.2
St. Charles County	392	4.8	Newton County	16	0.2
Greene County	282	3.5	Nodaway County	15	0.2
Baone County	277	3.4	Polk County	15	0.2
Jefferson County	163	2	Saline County	14	0.2
Buchanan County	133	1.6	Stone County	15	0.2
Cass County	116	1.4	Taney County	17	0.2
Cole County	95	1.2	Webster County	16	0.2
Franklin County	69	0.8	Adair County	8	0.1
Jasper County	64	0.8	Andrew County	6	0.1
Johnson County	66	0.8	Audrain County	12	0.1
Cape Girardeau County	53	0.7	Barry County	7	0.1
Christian County	55	0.7	Caldwell County	6	0.1
Platte County	49	0.6	Cedar County	6	0.1
Lincoln County	38	0.5	Chariton County	6	0.1
Pulaski County	44	0.5	Cooper County	5	0.1
Callaway County	31	0.4	Crawford County	6	0.1
Pettis County	34	0.4	Dallas County	7	0.1
Phelps County	30	0.4	DeKalb County	5	0.1
St. Francois County	32	0.4	Gassconade County	11	0.1
Warren County	34	0.4	Holt County	8	0.1
Camden County	27	0.3	Howard County	7	0.1
Henry County	24	0.3	Howell County	8	0.1
Lafayette County	27	0.3	Iron County	7	0.1
Scott County	21	0.3	Laclede County	12	0.1
Bates County	18	0.2	Lawrence County	8	0.1

Livingston County	12	0.1	Gentry County	2
Madison County	5	0.1	Grundy County	4
Marion County	11	0.1	Harrison County	3
Mississippi County	5	0.1	Hickory County	3
Moniteau County	7	0.1	Knox County	0
Montgomery County	10	0.1	Lewis County	0
Morgan County	6	0.1	Linn County	0
New Madrid County	9	0.1	McDonald County	0
Pemiscot County	11	0.1	Macon County	0
Perry County	7	0.1	Maries County	3
Pike County	7	0.1	Mercer County	3
Ralls County	5	0.1	Monroe County	2
Randolph County	12	0.1	Oregon County	3
Ray County	9	0.1	Osage County	2
Ste. Genevieve County	6	0.1	Ozark County	0
Stoddard County	5	0.1	Putnam County	0
Texas County	8	0.1	Reynolds County	1
Vernon County	7	0.1	Ripley County	1
Washington County	6	0.1	St. Clair County	0
Wayne County	9	0.1	Schuylerville County	2
Wright County	5	0.1	Scotland County	0
Atchison County	1	0	Shannon County	2
Barton County	2	0	Shelby County	0
Benton County	2	0	Sullivan County	0
Bollinger County	2	0	Worth County	0
Carroll County	3	0		
Carter County	3	0		
Clark County	2	0		
Dade County	0	0		
Daviess County	3	0		
Dent County	4	0		
Douglas County	2	0		

- Quenching The Father Thirst: Developing Dad  
<http://support.fathers.com/site/PageServer?pagename=QFTOverview1>

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- Use a Pediatrician and a Child Development Specialist to teach/volunteer Parenting 101 classes.
- American Academy of Pediatrics
- American Heart Association
- Baby Video Library- Pregnancy 38-weeks-labor, Birth, Birth Using Anesthesia
- Centers for Disease Control
- Children's Hospital of Philadelphia – Vaccine Education
- Children's Trust Fund
- [www.Childwelfare.gov/preventing](http://www.Childwelfare.gov/preventing)
- Council for Women's Nutrition Solutions
- Current Pediatrics Diagnosis and Treatments-Lang Medical Books  
<https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=Current+Pediatrics+Diagnosis+and+Treatments-Lange+Medical+Books&tbo=shop&spd=6347803232574315501>
- Department of Health and Human Services
- Health EDCO
- Home of Honor series <http://store.smalley.cc/products/homes-of-honor-parenting-series-dvd?variant=8768212229>
- Johnson Institute
- Journal of American Medical Association 2006
- Le Leche League <http://www.llli.org/>
- March of Dimes
- Missouri Department of Health and Senior Services
- Missouri Tobacco Quitline
- National Heart and Lung and Blood Institute
- National Institute of Children's Health and Human Development
- NCES
- Parent as Teachers
- The Medical Institute for Sexual Health
- [www.mchc.net](http://www.mchc.net)
- [www.Babycenter.com](http://www.Babycenter.com)
- [www.education.com](http://www.education.com)
- [www.healthyfamiliestaskforce.webs.com](http://www.healthyfamiliestaskforce.webs.com)
- [www.Mops.org](http://www.Mops.org)
- [www.Mypyramid.gov](http://www.Mypyramid.gov)
- [www.Parents.com](http://www.Parents.com)
- [www.chop.edu/service/vaccine-education-center](http://www.chop.edu/service/vaccine-education-center)
- Spring Garden by Propenta
- Cooking classes, the basics of cooking once a month using food that is on their WIC & food stamps
- Fresh Start- A Divorce & relationship recovery class to help them heal from the past hurts & learn how to have healthier relationships in the future
- WIC & Breastfeeding\_at least twice a year, to talk about the benefits & the how to of breastfeeding.
- Red Cross infant CPR
- Domestic Violence: 3 ladies teach: 1 from the Prosecuting Attorney's office w/ the domestic violence unit, 1 from the Women's shelter & 1 from Legal Aid. What to do if you are a victim or potential victim.
- Extreme Couponing- A young mom teaches it, she is on WIC & food stamps also, she shows them how to stretch their funds by adding manufacturers coupons, store coupons etc
- Daddy Boot camp is taught by a "Doula"= labor coach, not a mid-wife. She teaches the Dads or labor partners what to do & NOT to do during labor.
- Pass the Power\_= Adult literacy program comes & evaluates the clients & FOB to see if they need services to get their GED or upgrade their math & English skills.
- Parents as Teachers come & evaluate the babies at least twice a year.
- National Institute of Child Health & Human Development: Safe Sleep For Your Baby
- Children's Trust Fund: Never Shake a Baby
- SIDS Resources - [sidsresources.org](http://sidsresources.org)
- With Parents and Other Caregivers (a human asset imaging course), Written by Sue Russell Produced and Distributed by Bellewether, Ltd.

- The Joy of Parenthood (your personal journey through newborn care), By Dianne E. Moran, RN, LCCE, ICD & G. Byron Kallam, MD, FACOG
- [FamilyDoctor.org](http://FamilyDoctor.org)
- [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)
- [www.webmd.com](http://www.webmd.com)
- [www.psychologyinfo.com](http://www.psychologyinfo.com)
- [www.kidney.org](http://www.kidney.org)
- [www.americanpregnancy.org](http://www.americanpregnancy.org)
- National Association of Child Care Resource & Referral Agencies
- WIC
- American Academy of Pediatrics
- American Family Physician
- [www.fitstep.com](http://www.fitstep.com)
- [www.fns.usda.gov](http://www.fns.usda.gov)
- [kidshealth.org](http://kidshealth.org)
- [www.keepkidshealthy.com](http://www.keepkidshealthy.com)
- Immunization Action Coalition
- [www.babyzone.com](http://www.babyzone.com)
- Parents Magazine
- [www.cdc.gov](http://www.cdc.gov)
- ChildDevelopmentReview.com
- <http://aboutshakenbaby.com>
- Medicaid (<http://medicaid.gov.com>)
- MO dept of social services (<http://www.dss.mo.gov/>)
- Prenatal Vitamins and Folic Acid ([www.webmd.com](http://www.webmd.com))
- Nutrition: Food Wheel Handout ([http://healthywa.wa.gov.au/Articles/F\\_I/Healthy-eating-for-breastfeeding](http://healthywa.wa.gov.au/Articles/F_I/Healthy-eating-for-breastfeeding))
- Handout: "Making Sense of Serving Size" by Ellen Shuster – University of Illinois Extension
- Prenatal Chart Development ([www.bingimages.com](http://www.bingimages.com)) fetal developmental chart (<http://www.childdevelopmentinfo.com/parenting/stress.shtml>)
- Stress Management Tools for Parents- (<http://about.com>)
- You and your pregnancy: Mayo Clinic ([www.mayoclinic.com/health/pregnancy](http://www.mayoclinic.com/health/pregnancy))
- Prenatal care / Eating Healthy during Pregnancy: ([www.marchofdimes.com](http://www.marchofdimes.com))
- "Motherhood Stress" Tannenhauser, Carol (1985)
- BMI Table "Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: The Evidence Report"
- Daily Food guide for Pregnant Teens ([www.teachteenparents.com](http://www.teachteenparents.com))
- Smoking and Pregnancy: Mayoclinic ([www.mayoclinic.com/health/smoking-and-pregnancy](http://www.mayoclinic.com/health/smoking-and-pregnancy))  
CDC: ([www.cdc.gov/reproductivehealth/tobaccoUsePregnancy](http://www.cdc.gov/reproductivehealth/tobaccoUsePregnancy))
- Pregnancy and alcohol and drugs:  
([www.childwelfare.gov/pubs/usermanuals/substanceuse/chapterthree.cfm](http://www.childwelfare.gov/pubs/usermanuals/substanceuse/chapterthree.cfm))  
([www.marchofdimes.com/pregnancy/alcohol\\_illicitdrug.html](http://www.marchofdimes.com/pregnancy/alcohol_illicitdrug.html))
- Fetal alcohol: ([www.cdc.gov/ncbddd/fasd/faqs.html](http://www.cdc.gov/ncbddd/fasd/faqs.html))
- Safety Starts at Home The Essential Childproofing Guide (Video) Order from [www.injoyvideos.com](http://www.injoyvideos.com)
- STD / STD and Affects on Pregnancy
  - ([www.medicinenet.com/script/main/art.asp?articlekey=42833](http://www.medicinenet.com/script/main/art.asp?articlekey=42833))
  - ([www.cdc.gov/std/pregnancy/STDFact-Pregnancy](http://www.cdc.gov/std/pregnancy/STDFact-Pregnancy))
  - (<http://nes.bbc.co.uk/2/hi/uk-news/england/lancashire>)
- Handouts: " STD Exposure chart" [www.peerchallenge.com](http://www.peerchallenge.com) / [www.bing.com](http://www.bing.com) search STD exposure chart
- "Sex, Love and Relationships" – Pam Stenzel
- Pregnancy Complications and Future Choices:  
([www.ncbi.nlm.nih.gov/pubmedhealth](http://www.ncbi.nlm.nih.gov/pubmedhealth))  
([www.americanpregnancy.org/pregnancycomplications/utiduringpreg](http://www.americanpregnancy.org/pregnancycomplications/utiduringpreg))  
([www.webmd.com/guide](http://www.webmd.com/guide))  
([www.marchofdimes.com/pregnancy/preterm\\_indepth](http://www.marchofdimes.com/pregnancy/preterm_indepth))
- Future Coices Handouts:
- "Life is a piece of pie" and "A Teen Mom's Day" [www.teachteenparents.com](http://www.teachteenparents.com)

- Budget Worksheet handout: ([www.onemamasdailydrama.com](http://www.onemamasdailydrama.com))
- A Loving Decision (Video)
- Birthmothers Share Their Stories
- Bethany Christian Services
- Adoption and Parenting: ([www.LifetimeAdoption.com](http://www.LifetimeAdoption.com))
- Vitamins: ([Programs@vitaminangels.org](mailto:Programs@vitaminangels.org))
- Preparing for Baby  
[\(www.webmd.com/baby/guide/what-to-buy-pregnancy\)](http://www.webmd.com/baby/guide/what-to-buy-pregnancy)  
[\(www.kidshealth.org\)](http://www.kidshealth.org)  
[\(www.webmd.com/baby/fetaures/bonding-with-baby-before-birth\)](http://www.webmd.com/baby/fetaures/bonding-with-baby-before-birth)  
[\(www.parents.com\) -safety](http://www.parents.com)
- Handouts: Take for Emergencies ([www.abbc.org](http://www.abbc.org)) ([www.modot.gov](http://www.modot.gov))
- Raising Kids Who Turn Out Right (Video)  
 Only watch chapter 3  
 Tim Kimmel  
 Order from [www.sampsonresources.com](http://www.sampsonresources.com)
- Recognizing Child Abuse (Video)  
 Meridian Education Corporation  
 Order from [www.meridianeducation.com](http://www.meridianeducation.com)
- Life Skills for Teen Parents Vol 2 (Video)  
 Building Your Future  
 Order from [www.injoyvideos.com](http://www.injoyvideos.com)
- Sleeping and Feeding  
 Dilutions of breast milk dangers: [www.usatoday.com](http://www.usatoday.com)  
 Safe Sleep ABC" ([www.fox4news.com](http://www.fox4news.com))  
 American Academy of Pediatrics  
[\(www.nichd.nih.gov/publications/pubs/safe-sleep-gen\)](http://www.nichd.nih.gov/publications/pubs/safe-sleep-gen)  
  
[\(www.mayoclinic.com/health/colic\)](http://www.mayoclinic.com/health/colic) ([\(www.mayoclinic.com/health/infant-formula\)](http://www.mayoclinic.com/health/infant-formula)  
[\(www.mayoclinic.com/health/breast-feeding\)](http://www.mayoclinic.com/health/breast-feeding)  
  
[\(www.babycenter.com\)](http://www.babycenter.com) ([www.askdrsears.com/topics](http://www.askdrsears.com/topics))  
  
[www.kidshealth.org](http://www.kidshealth.org) Handouts: "Safe Sleep" <http://www.nichd.nih.gov/SIDS>
- Labor and Delivery (<http://giftofmotherhood.com/giftofmotherhood.html>)
- Understanding Birth 2<sup>nd</sup> Edition (Video)  
 Order from [www.injoyvideos.com](http://www.injoyvideos.com)  
 Only watch chapters 2, 3, 6  
 Breastfeeding; You Can Do It! (Video)  
 Order from [www.breastfeedingdvds.com](http://www.breastfeedingdvds.com)
- Breastfeeding Quick Reference ([www.dhss.state.mo.us/MissouriNutrition/](http://www.dhss.state.mo.us/MissouriNutrition/))
- Dilutions of breast milk dangers: ([www.usatoday.com](http://www.usatoday.com))
- Breastfeeding log: (<https://delightedtobe.com>)
- Newborn Care, A Guide to the First 6 Weeks (Video)  
 Order from [www.injoyvideos.com](http://www.injoyvideos.com)  
 When Baby Cries (Video) SBS  
 Order from [www.realityworks.com](http://www.realityworks.com)  
 Shaken Baby Syndrome ([www.realityworks.com](http://www.realityworks.com)) w/ SBS Pledge Handout
- Newborn Care ([www.healthychildren.org](http://www.healthychildren.org)) ([www.parenting.com](http://www.parenting.com))  
[\(www.nlm.nih.gov/medlineplus\)](http://www.nlm.nih.gov/medlineplus) ([www.cdc.gov](http://www.cdc.gov))
- Handouts: Immunizations ([www.healthystartfv.org](http://www.healthystartfv.org))
- Post Partum ([www.mayoclinic.com/health](http://www.mayoclinic.com/health)) ([www.giftofmotherhood.com](http://www.giftofmotherhood.com))
- Handouts: Safe Haven ([www.mchc.net](http://www.mchc.net))
- First Year Milestones, A Monthly Guide to Your Baby's Growth (Video)  
 Volume 1: Birth-6 Months, Order from [www.injoyvideos.com](http://www.injoyvideos.com)
- First Year Milestones, A Monthly Guide to Your Baby's Growth (Video)  
 Volume 2: 7-12 Months, Order from [www.injoyvideos.com](http://www.injoyvideos.com)

Required educational components are covered throughout the following listing of training resources used by geographic regions 2 – 9.

- Earn While You Learn – Main curriculum, Life Skills Curriculum, Parenting Curriculum, Toddler Curriculum [www.EWYLOnline.com](http://www.EWYLOnline.com)
- Dad U by Heritage House 76
- 24/7 Dad [www.store.fatherhood.org/24-7-dad-programs/](http://www.store.fatherhood.org/24-7-dad-programs/)
- Promoting Healthy Families in Your Community – [www.childwelfare.gov](http://www.childwelfare.gov)
- Community Resources from the Health Department or County Community Network
- Community Resources: Birthright, South County Pregnancy Help, Thrive  
Parents as Teachers, Nurses for Newborns, Crisis Nursery, Catholic Family Services, First Steps, Parents Learning Together, ROW Family Strengths, Lutheran Family and Children's Services Family Resource Center-St. Louis Volunteer Resource Parents, Queen of Peace Treatment Center, St. Louis University  
Head Start, VSS, Catholic Charities, Child Abuse Prevention Association, Cornerstones of Care, Della Lamb Community Services, Family Conservancy, Guadalupe Center, KCMO School Based School Linked Services, National Center for Fathering, Nurse-Family Partnership, Parental Stress Helpline, Parent Link, Saint Luke's Hospital, The Children's Place, Triality Tots, Truman Medical Center Child and Family Services, The Caring People
- Nursing and Med Schools ( will do classes and projects on occasions)
- Loving & Caring [www.landresources.org](http://www.landresources.org)
- DHSS materials:  
Safe Sleep  
Breastfeeding  
Advantages of Birth Spacing  
Folic Acid  
Substance Use in Pregnancy  
Importance of Prenatal Care  
Immunizations  
Shaken Baby Syndrome  
Preconception Care  
Before You Know You're Pregnant Brochure  
Healthy Mothers Have Healthy Babies w/ Folic Acid Brochure  
Pregnancy & Drugs Brochure  
Alcohol & Pregnancy Brochure  
Keeping Your Baby Sober Brochures  
10 Best Reasons Not to Smoke While You're Pregnant Brochure  
Safe Sleep For Your Baby Brochure  
Breastfeeding - Getting Started in 5 Easy Steps  
20 Great Reasons to Breastfeed Your Baby  
Baby Your Baby Keepsake Book  
You May Not Be Ready to Have a Baby Brochure  
Immunizations for a Healthy Pregnancy  
Shots for Your Child's Health
- Nurturing Teen Parents curriculum [www.nurturingparenting.com/ecommerce/category/1:2;3/](http://www.nurturingparenting.com/ecommerce/category/1:2;3/)
- Discipline with Love [www.amazon.com/Discipline-Love-James-C-Dobson/dp/084230665X](http://www.amazon.com/Discipline-Love-James-C-Dobson/dp/084230665X)
- Infants: Social Development
- Happiest Baby on the Block <https://happiestbaby.com/product/the-happiest-baby-book-paperback/>
- 123 Magic [www.123magic.com](http://www.123magic.com)
- Active Parenting [www.activeparenting.com](http://www.activeparenting.com)
- Love and Logic Series <https://www.loveandlogic.com/parents/what-is-love-and-logic-for-parents>
- I am Your Child Series <http://www.parentsaction.org/resources/dvds/>
- Read From the Start <http://www.mcfact.org/read-from-the-start.html>
- Family Wellness Curriculum <http://www.familywellness.com/programs.php>
- PREP curriculum <https://www.prepinc.com/content/curricula/within-our-reach.htm>,  
<https://www.prepinc.com/content/curricula/within-my-reach.htm>
- The Quest For Authentic Manhood <http://www.authenticmanhood.com/product-category/mens-fraternity/the-quest-for-authentic-manhood/>
- On My Shoulders <https://www.prepinc.com/content/curricula/on-my-shoulders.htm>

## Miscellaneous Information

EXHIBIT K, continued**AFFIDAVIT OF WORK AUTHORIZATION:**

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Marsha Middleton (Name of Business Entity Authorized Representative) as CEO (Position/Title) first being duly sworn on my oath, affirm Alliance for Life - Missouri, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Alliance for Life - Missouri, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

Marsha J Middleton  
Authorized Representative's Signature

Marsha J Middleton  
Printed Name

CEO \_\_\_\_\_  
Title \_\_\_\_\_

03-25-2016  
Date

marsha@allianceforlifemissouri.com  
E-Mail Address

207370  
E-Verify Company ID Number

Subscribed and sworn to before me this 29<sup>th</sup> (DAY) of March (MONTH, YEAR). I am  
commissioned as a notary public within the County of JACKSON, State of  
MISSOURI, (NAME OF STATE), and my commission expires on 10-07-2019.  
(DATE)

Lisa R. Goodfellow  
Signature of Notary

3.19.16  
Date

LISA R. GOODFELLOW  
Notary Public - Notary Seal  
STATE OF MISSOURI - Johnson County  
My Commission Expires: Oct 07, 2019  
Commission # 15357398

**EXHIBIT L**

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary  
Exclusion Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities . The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Alliance for Life – Missouri, Inc.

962268392

Company Name

DUNS # (if known)

Marsha J. Middleton

CEO

Authorized Representative's Printed Name

Authorized Representative's Title

*Marsha J Middleton*  
*Authorized Representative's Signature*

08/17/2016

Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

**EXHIBIT M**  
**MISCELLANEOUS INFORMATION**

1 of 2

**Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No <input checked="" type="checkbox"/> _____
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf">http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf</a> )	Yes _____	No _____
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Unique good or service.           <ul style="list-style-type: none"> <li>• EXPLAIN: _____</li> </ul> </li> <li>2. <input type="checkbox"/> Foreign firm hired to market Missouri services/products to a foreign country.           <ul style="list-style-type: none"> <li>• Identify foreign country: _____</li> </ul> </li> <li>3. <input type="checkbox"/> Economic cost factor exists           <ul style="list-style-type: none"> <li>• EXPLAIN: _____</li> </ul> </li> <li>4. <input type="checkbox"/> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.           <ul style="list-style-type: none"> <li>• Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: _____ %</li> <li>• Specify what contract work would be performed outside the United States: _____</li> </ul> </li> </ol>		

**Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:

Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	N/A
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	_____ %

**EXHIBIT M, continued**

2 of 2

**Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

<b>N00068483</b> <i>Charter Number (if applicable)</i>	<b>Alliance for Life – Missouri, Inc.</b> <i>Company Name</i>  If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:
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EXHIBIT K

*(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)*

**BOX C - AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that Alliance for Life – Missouri, Inc. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University\* to Which Previous E-Verify Documentation Submitted: Office of Administration

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 05/2010

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: IFB #0904 (if known)

Marsha J. Middleton

Authorized Business Entity Representative's Name (Please Print)

Marsha Middleton

Authorized Business Entity Representative's Signature

Alliance for Life – Missouri, Inc.

Business Entity Name

08/17/2016

Date

marsha@allianceforlifemissouri.com

E-Mail Address

207370

E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

Marsha Middleton  
Buyer

1-6-17

Date

Select	Vendor Name	Solicitation First Viewed	Document(s) Accepted	Last Document Download Attempt	Addenda Viewed	Addendum Document(s) Accepted	Last Addendum Document(s) Download Attempt	Submitted Response
<input type="checkbox"/>	Close To Home Independent Living Skills✓	Jul 26, 2016 7:45 PM CDT	x	x	x	x	x	x
<input type="checkbox"/>	CSG Government Solutions✓	Aug 11, 2016 3:31 PM CDT	x	x	Aug 11, 2016 3:31 PM CDT [1 OF 2]	x	x	x
<input type="checkbox"/>	Express Home Care LLC✓	Jul 22, 2016 10:14 AM CDT	x	Aug 4, 2016 3:02 PM CDT	x	x	x	x
<input type="checkbox"/>	Faith Maternity Care✓	Aug 25, 2016 1:29 PM CDT [11 OF 11]	x	Aug 25, 2016 3:06 PM CDT [2 OF 2]	Aug 25, 2016 3:18 PM CDT [4 OF 4]	Aug 25, 2016 3:07 PM CDT	Aug 26, 2016 10:46 AM CDT [9 OF 9]  = 28	
<input type="checkbox"/>	GV Traindemic Consulting✓	Jul 25, 2016 11:15 AM CDT	x	x	x	x	x	x
<input type="checkbox"/>	I Regina Gourdinge✓	Jul 15, 2016 7:30 PM CDT	x	x	x	x	x	x
<input type="checkbox"/>	KM Group LLC✓	Aug 2, 2016 10:50 AM CDT	x	Aug 2, 2016 10:50 AM CDT	x	x	x	x
<input type="checkbox"/>	Laclede County Pregnancy Support Center✓	Jul 27, 2016 2:09 PM CDT [11 OF 11]	x	Aug 19, 2016 1:49 PM CDT [2 OF 2]	Aug 25, 2016 2:34 PM CDT [2 OF 4]	Aug 25, 2016 2:56 PM CDT	Aug 25, 2016 3:19 PM CDT [9 OF 9]  = 2	
<input type="checkbox"/>	Lutheran Family and Childrens Services of Missouri✓	Jul 18, 2016 8:51 AM CDT	x	Jul 18, 2016 8:56 AM CDT [11 OF 11]	Aug 25, 2016 2:32 PM CDT [2 OF 2]	Aug 25, 2016 2:40 PM CDT [4 OF 4]	Aug 26, 2016 9:20 AM CDT [9 OF 9]  = 2	
<input type="checkbox"/>	Midwest Foundation Supply✓	Jul 22, 2016 2:08 PM CDT	x	x	x	x	x	x
<input type="checkbox"/>	Mother's Refuge✓	Aug 2, 2016 2:10 PM CDT [11 OF 11]	x	Aug 22, 2016 1:56 PM CDT [1 OF 2]	Aug 11, 2016 2:37 PM CDT [3 OF 4]	Aug 11, 2016 2:55 PM CDT	Aug 22, 2016 2:07 PM CDT [8 OF 9]  = 25	
<input type="checkbox"/>	Nurses for Newborns✓	Jul 16, 2016 3:39 PM CDT	x	Aug 23, 2016 3:52 PM CDT [11 OF 11]	Aug 26, 2016 2:12 PM CDT [2 OF 2]	Aug 11, 2016 3:48 PM CDT [3 OF 4]	Aug 26, 2016 2:16 PM CDT [9 OF 9]  = 0	

Select	Vendor Name	Solicitation First Viewed	Document(s) Accepted	Last Document Download Attempt	Addenda Viewed	Addendum Document(s) Accepted	Last Addendum Document(s) Download Attempt	Submitted Response
<input type="checkbox"/>	OAKWOOD PACKAGING COMPANY ✓	Aug 22, 2016 3:59 PM CDT	x	x		x	x	x
<input type="checkbox"/>	Parthenia M Reading ✓	Aug 20, 2016 3:06 PM CDT	x	x	3:59 PM CDT [1 OF 2]			
<input type="checkbox"/>	Repucare, Inc. ✓	Jul 18, 2016 9:18 AM CDT	x	x	Aug 20, 2016 3:06 PM CDT [1 OF 2]	x	x	x
<input type="checkbox"/>	Saam ?	Jul 15, 2016 7:19 PM CDT	x	x	x	x	x	x
<input type="checkbox"/>	SSM Health DePaul Hospital - St Louis ✓	Aug 2, 2016 1:11 PM CDT	x	x	Aug 25, 2016 9:46 PM CDT [2 OF 2]	x	x	x
<input type="checkbox"/>	Taylor Consulting LLC ✓	Jul 16, 2016 8:21 AM CDT	x	x	Jul 16, 2016 8:21 AM CDT	x	x	x
<input type="checkbox"/>	Tech Electronics, Inc. ✓	Aug 3, 2016 11:47 AM CDT	x	x	x	x	x	x
<input type="checkbox"/>	The Haven of Grace ✓	Jul 19, 2016 9:56 AM CDT	[11 OF 11]	Aug 17, 2016 2:00 PM CDT	Aug 25, 2016 2:36 PM CDT [2 OF 2]	Aug 25, 2016 3:29 PM CDT [4 OF 4]	Aug 25, 2016 3:28 PM CDT	[9 OF 9] = 1
<input type="checkbox"/>	The LIGHT House Inc. ✓	Aug 12, 2016 7:21 AM CDT	[11 OF 11]	x	Aug 25, 2016 3:11 PM CDT [2 OF 2]	Aug 25, 2016 3:56 PM CDT [4 OF 4]	Aug 25, 2016 3:05 PM CDT	[9 OF 9] = 0
<input type="checkbox"/>	Washington County Community 2000 Partnership, Inc. ✓	Jul 18, 2016 4:56 PM CDT	x	x	x	x	x	x

Showing 1 to 30 of 30 Vendors

**Note:** A date in the Accepted Document(s) indicates that the vendor has accepted one or more of the documents.  
A date in the Accepted Addendum(s) column tracks the last time the vendor has accepted an addendums document(s).  
Activity for vendors responding via fax or paper cannot be represented on this screen.

[First](#) | [Previous](#) | [1](#) | [Next](#) | [Last](#)



State of Missouri ▾ Karen Herman ▾

## Supplier Activity : RFPSS30034901700042 - Alternatives to Abortion Program Services for Office of Administration (Formal)

Show Vendors who have Viewed Solicitation

Show All Vendors

Check All     Uncheck All

Notify selected suppliers

Show <input checked="" type="checkbox"/> All <input type="checkbox"/> entries		Search: <input type="text"/>						
Select	Vendor Name	Solicitation First Viewed	Document (\$) Accepted	Last Document Download Attempt	Addenda Viewed	Addendum Document(s) Accepted	Last Addendum Document(s) Download Attempt	Submitted Response

<input type="checkbox"/> A Plus In-Home Wellness LLC✓	Aug 3, 2016 11:40 AM CDT	✗	✗	✗	✗	✗	✗	✗
<input type="checkbox"/> Adoption and Foster Care Coalition of MO✓	Jul 18, 2016 9:35 AM CDT	✗	✗	2:08 PM CDT [1 OF 2]	✗	✗	✗	✗
<input type="checkbox"/> Affordable & Excellent Home Health Care?✓	Jul 26, 2016 3:52 PM CDT	✗	✗	8:40 PM CDT [1 OF 2]	✗	✗	✗	✗
<input type="checkbox"/> Alliance for Life - Missouri Inc.✓	Jul 18, 2016 10:24 AM CDT	Aug 17, 2016 9:52 AM CDT [11 OF 11]	Aug 17, 2016 1:05 PM CDT	Aug 25, 2016 9:00 PM CDT [4 OF 4] [2 OF 2]	Aug 25, 2016 4:12 PM CDT [9 OF 9] [13 OF 13]	Aug 18, 2016 10:21 AM CDT	Aug 26, 2016 2:11 PM CDT [9 OF 9] [0 OF 0]	
<input type="checkbox"/> Benjamin Foods LLC✓	Jul 18, 2016 1:57 PM CDT	✗	✗	Jul 18, 2016 1:57 PM CDT	✗	✗	✗	✗
<input type="checkbox"/> Caregivers World Inc.✓	Jul 18, 2016 9:19 AM CDT	✗	✗	✗	✗	✗	✗	✗
<input type="checkbox"/> Catholic Charities of Southern Missouri✓	Aug 15, 2016 3:24 PM CDT	Aug 19, 2016 10:51 AM CDT [11 OF 11]	Aug 26, 2016 2:06 PM CDT	Aug 19, 2016 10:51 AM CDT [3 OF 4] [2 OF 2]	Aug 19, 2016 10:51 AM CDT [3 OF 4]	Aug 26, 2016 2:11 PM CDT [9 OF 9] [0 OF 0]		
<input type="checkbox"/> Child Center - Marygrove✓	Jul 16, 2016 11:13 PM CDT	✗	✗	Jul 16, 2016 11:13 PM CDT	✗	✗	✗	✗

EXHIBIT K, continuedAFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Marsha Middleton (Name of Business Entity Authorized Representative) as CEO (Position/Title) first being duly sworn on my oath, affirm Alliance for Life – Missouri, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Alliance for Life – Missouri, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

Marsha J Middleton  
Authorized Representative's Signature

Marsha J Middleton

Printed Name

CEO  
Title

01-23-2017

Date

marsha@allianceforlifemissouri.com  
E-Mail Address

207370

E-Verify Company ID Number

Subscribed and sworn to before me this 23<sup>rd</sup> of January 2017. I am  
 (DAY) (MONTH, YEAR)  
 commissioned as a notary public within the County of Jackson State of  
Missouri, and my commission expires on 7-24-19.  
 (NAME OF COUNTY) (DATE)  
 (NAME OF STATE)

Mary R Hallman  
Signature of Notary

Date

1-23-17



MARY R. HALLMAN  
 My Commission Expires  
 July 24, 2019  
 Jackson County  
 Commission #16149247